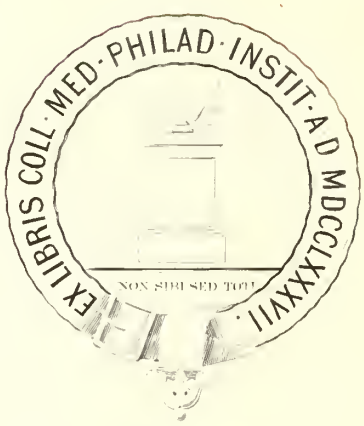
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Presented by
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THE AMERICAN HOMŒOPATHIST

AN EXPONENT OF MEDICAL PROGRESS.

VOLUME XV.

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EDITOR:

FRANK KRAFT, M.D.



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THE

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FRANK KRAFT, M.D., EDITOR.

WITH our hand on our editorial heart, we greet you, dear reader, and wish you many happy returns of the day. We trust that the season of festivities but now concluded has been as to you a holiday, not from professional cares,—for that respite is not vouchsafed the faithful physician,—but a holiday in that it revived the memories of a far-off former time, when you, too, were free to come and go as you listed, and joyed in the happiness in which these annual festal times were enshrined; a holiday of mirth and jollity with the dearly loved ones, when the smile of childhood's friends yet lingered lovingly in the heart—that dearest bit of sunshine which gave the face for the moment it dwelt there both warmth and color; a holiday that carried you back to the time when the cry of anguish and of sorrow were yet unknown; to the days of youthful hopes, and loves, and dreams—when the brooks rippled, the birds sang again, and the morning stars clapped their hands for joy.

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Those there are, doubtless, whose earlier days were not thus enriched; where the memory is enwrapped in rhadamanthine gloom, and where the pinch of poverty marred the retrospect. But these, too, no longer sorrow, for though no cheering voice issues from the dim, dead past, still the chastening of that early period has left its impress on the heart in added gentleness and kindness to the present poor, so that other youthful hearts of the later time are become the happier because distress and misery, unbidden and unwelcome guests, sat at the board of so many of our present craft.

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The profession of medicine is a noble, a divine one, else the great host of upright men and women would not continue therein with its discouraging financial outlook, bad debts, hardships, and inclemencies of weather and climate. It is filled with men and women, the great majority of whom, carried away by enthusiasm and the onward propelling conviction of duty, left the plow, the workshop, the desk, the marts of trade, and the avenues of lucrative commerce, to adventure upon the uncertain sea of medicine. Many of these, forsaking all things else—competency in the world's goods, bread and raiment in sufficiency,—took up the new heresy, followed after the much-disparaged Hahnemann, when that meant social ostracism, and went forth to do the Divine command: Go heal the sick.

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The hardship of the medical student even of to-day is axiomatic; who has been so fortunate as wholly to escape? Yet the struggles of

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the aforetime young homœopathic doctor, who, of the later generation, has not heard thereof, and marveled at the patience and fortitude of those sturdy pioneers? Who, of the younger homœopaths, has not felt his heart aglow with gratefulness for the heroism and long-suffering of Bönninghausen, Hering, Detwiler, Pulte, Dake, Lilienthal, Sawyer, Wells, Ehrmann, Baehr, Lippe, Wesselhoeft, and the many others whose names have now become as household words? Truly, there were giants in those days. Many of the best and foremost men of to-day, though of obscure origin, born in poverty, cradled in penury, and reared in indigence, have breasted the wave and safely anchored within the haven of fame and material prosperity; others (and how many they are!) ebb and flow with the tide, humble, painstaking workmen, relieving the sufferer, assuaging the pangs of the death-stricken, and dying in the path of duty, "unwept, unhonored, and unsung," mute but not inglorious Miltons.

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But this is not homœopathy, not even medical journalism, and some cynical friend will suggest that we curtail our "initiatory" pages, because he prefers the more practical things of life; and yet, take out of the physician's life the sympathetic eye, the patient ear, and loving tongue, and what have you remaining? The sordid grossness of a grasping small tradesman. Christmas comes but once a year, and we must be indulged on gala occasions. If we offend now, bide but a little, and eftsoons we will dip our pen in controversial ink and battle with the homœopathic windmills, or with the fanatic who gives no quarter though himself an almoner on homœopathic charity; but in this season there shall be cakes and ale even for him, and ginger shall be hot in his mouth. The AMERICAN HOMŒOPATHIST repeats, therefore, that it wishes all of its friends a happy new year, replete with health, success, and other blessings galore. Selah.

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It is matter of no little gratulation in cursorily reviewing the record of the past twelvemonth, to note the very evident progress made by our school in this and other countries. The Odium Medicum episode of our English brethren is a most noteworthy victory in a land where heterodoxy is uniformly discountenanced whether in religion or medicine. Verily, it was another shot that was heard around the world, and its reverberations will not cease for long ages to come. Homœopathy has nowhere lost foothold. Where it was entrenched last year it still continues in undisputed possession. And who can tell the new battle-fields won in the individual strife between the homœopath and the allopath in the daily rounds of life? New graduates have entered the arena, better qualified by a year's added wisdom of the school to carry on the battle in the distant territories and in distant lands.

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Our literature has been replete with essays and papers that would be a credit to any school of medicine—nay, in any field of journalism. The journals have, during the year last past, been singularly free of what may not inappropriately be termed aggressivism as against opinions in our own ranks. For no matter how heated the disputants may have at

times become over individual preferences, the groundwork of Homœopathy still appeared through the smoke of the conflict, and *similia similibus curantur* was triumphant. In former days, and that, too, at a time not so far distant, the burden of homœopathic literature was in an apologetic vein ; but that, thanks to a more enlightened state of affairs, and to the good work done by the colleges and practitioners, has ceased to dominate the journals ; so that, to-day, the old-school villifier will look in vain for aught savoring of apology ; but he will find the spirit of progress and certitude so indelibly stamped on every page that he will marvel at the difference between his journals and ours. More than that : If he be at all fair-minded, he will note a singular unanimity between the tenets of Homœopathy and so many of the present ideas of allopathic writers.

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The coincidence can not escape him ; if he be honest, he will look up the source ; if biased, he will shelter himself behind the threadbare argument that all great discoveries and inventions had dual and multiple discoverers and inventors, ofttimes separated from each other by impassable stretches of country ; and he will cite the history of gunpowder, and of printing ; of steam, of the telegraph and the telephone of later times. But ultimately he will see the futility of continually striving to fit his reasons to the facts, but will accept the facts, and, Jerry Cruncher like, "flop over," and become a zealous worker in the cause.

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Azrael's wing has touched our ranks but lightly as to numbers, though of the few who have gone down in battle, undaunted and courageous, some there were who could be but illy spared. There was Lippe, stalwart and powerful, who, like the white plume of Navarre, was always found in the forefront of battle. But he still liveth. His words, his deeds, his name are inseparably intertwined with the history of Homœopathy, though that history extend to the crack of doom. There, too, was Von Gottschalk, like Lippe, of noble birth, working in the cause of Homœopathy. Others of less celebrity, but not less earnest, have been translated from the scene of their arduous labors to the reward which awaiteth the faithful workman. Yet the battle for the right goes bravely on ; each nightfall finds our forces farther along the path of universal dominion in medicine than in the early morning ; and each morning the hosts are eager to engage anew with the enemy ; and though the dart of mortality transfixes the soul of some grizzled warrior here and yon, others spring to the breach, and the unbroken column moves grandly forward to victory.

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The existence of two national organizations in our school is to be deplored. It is very like unto that bit of ecclesiastical history when two rival popes held dominion over the faithful, and condemned each other's acts with true theological hatred. To the calm onlooker there really seems no need for this state of affairs. Both can not be right. Much cause for the existence of the younger body is given by the peculiar attitude of the parent, in holding to its inconsistent attitude of being homœopathic, and yet declining to enforce a belief in homœo-

pathy. With malice toward none, but charity for all, may we not indulge the hope that the spirit of the powerful New York State Society may be infused into the Institute, so that it also may resolutely decline to entertain any motion looking toward the casting out of the *similia similibus curantur*, or the high potencies.

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* *

Let but the cap-stone of homœopathic belief be replaced in the arch of the Institute—and what logical argument can be urged against it?—and homœopathy will cease to be a divided stream, though both ultimately reaching the sea. Eighteen years ago it may have been desirable, at the close of a critical political struggle, with the young men scattered or broken down with camp life, when Homœopathy had so little material with which to build—it may then have been desirable to open the door to others not of our household, in order to be instructed in certain matters. But that day is numbered with the past. Homœopathy is now established, and a new generation is at hand. The chairs in our colleges are as ably filled as any corresponding chair in the dominant school, and where in former times we counted our adherents by the tens, we now count them by the thousands.

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The I. H. A., as a body, is imbued with most excellent principles, and teaches a purity of Homœopathy that even the most ultra anti-I. H. A. man must admire, and can not wholly reject. It has left its impress on our literature. It is to be regretted, however, that a body inculcating the virtues of a purer Homœopathy, whose watchword is the materia medica of Hahnemannian—that any member or coterie of members should put themselves of record in the following fashion:

"I knew absolutely nothing of the *Materia Medica*, but by the diligent use of my repertory and study of the Organon, I began to prescribe, and from that day to this my prescriptions have all been made in exactly the same way, except in very acute cases where we can see at once what to do. I think that a great error in our method of prescribing is to memorize the remedies. I have made it a point never to memorize any remedy, and I do not believe I could give you the characteristics of a dozen remedies."

In this singular confession this member was tacitly upheld by the others, who permitted it to go unchallenged.

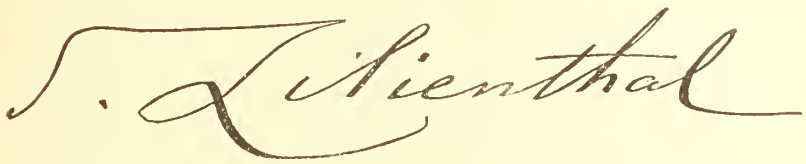
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The writer of these editorials remembers quite well to have listened at the Saratoga convention of the I. H. A. to statements freely indulged in, that the homœopathic colleges save one, taught everything but homœopathy, in that they taught an emasculated materia medica and nothing of the Organon. It was a very bad *faux pas*, for other colleges besides the one eulogized (and who had representatives present) felt the injustice of the remarks. But to the point: If materia medica be *all* there is to Homœopathy, and there is no need to memorize not even the "characteristics of a dozen remedies," then it follows that there can be no need to teach materia medica, either by learned A.M.s and M.D.s in colleges or post-graduate courses; there can be no need for the I. H. A. continuing, as they professedly ground their separate existence on an unnecessary branch of study; and, finally, if everything else is

taught in homœopathic colleges of to-day but materia medica, and that is not needed, not even the characteristics, then there is no need for homœopathic colleges. It proves too much.

IS ALTERNATION OF REMEDIES EVER ALLOWABLE?

By Dr.



A student of medicine for the last half-century and over.

First Paper.

A VALUED friend of mine writes to me: Since you champion alternation in your Therapeutics, since also you use high potencies, and are a believer in the Organon, please let us discuss in a friendly way this question of alternation in its varied bearings on the homœopathy of the day, so that the unprejudiced young homœopath may have a reason and a rule for doing so, etc., etc.

Another old friend of many years recommends a patient to me, because the physician who treats her uses two or three remedies at the same time, uses palliatives and adjuvantia, and therefore this old strict Hahnemannian puts his anathema on all such practice.

It was news to me that I advocate alternations of remedies in the first or second edition of my Therapeutics, and if such is the case, I must blame poor old Jahr for it. When at the request of the publisher I edited Jahr's clinical guide, I made no alterations in the text, but only added the new remedies which came in vogue since Jahr published his several editions, and this same work remained the basis on which I reared my "Hom. Therapeutics." I do not know that in any of my writings I ever advocated or raised a voice in favor or against alternation; still I never took on me the glory of being a saint, and though enjoying the roll of honor which can only be subscribed by the strictest adherents to the principles as laid down in the Organon, I always was too honest to add my name, for this sinner has used adjuvantia: with me hygiene, diet, fresh air, electricity, massage, and so forth, were more or less used in every case, and I never was afraid to acknowledge this standpoint. To me the law of similars was always *the* law of therapeutics, as far as drug action is concerned, but why should we be forbidden to use other means which kind nature offers us for the benefit of our patients?

The first question which comes up is, what is alternation? The use

of tobacco in any way, shape, or manner is a very bad habit; the swilling of intoxicating drink is an abomination; the exhilarating tendency of coffee and tea is praised by old women and young ladies, and still all the preaching has so far been unable to check these abuses! Why, even our own Hahnemann loved his pipe, and a cup of Mocha was never refused by him. Thus also it is with the bad, but pardonable, habit of alternating one or more remedies at short intervals of one or two hours. It is always either a sign of laziness, when it is unpardonable, or an acknowledgment from the prescriber that he does not know his materia medica, and that we have not yet a repertory which makes the narrow road to heaven, with us to find the similimum, an easy matter. In a great measure I also blame the preceptors, especially those who enjoy a large country practice, and whose time is more taken up by riding ever so many miles, and coming home tired and worn out, do not find the intricacies of our materia medica the most recuperating pleasure. Their students see the old folks alternating and still enjoying the confidence of their patrons, and the goslings will walk in the steps of the old ganders. Why, if you put those old preceptors to task about this infringement of one of the old rules as laid down in the Organon, they point you to the very first advice of the good old man: the duty of the physician is to heal his patients, and as they think to do it in nearly all curable cases they fail to see the harm which arises from alternating. Thus the habit of alternating is engendered in those who follow this practice, just as the contrary takes place in those who are in the habit of giving only one remedy at a time, and I found out in my own experience that it is just as easy to follow the right track as otherwise.

Another excuse, and who excuses himself also accuses himself, is that it is an old established axiom that the majority rules, as if the majority were always right. The question of alternation is not a new one, and it divided the camp already during Hahnemann's life. I often told to my students during lecture season that it is a queer fact that those who are in the habit of alternating need large cumbersome cases, for they use tinctures and the very lowest potencies, while those who gave only one remedy at a time carry their little cases of high or medium potencies, but a big satchel full of repertories, and it suffices for all their wants. Alas! how the young physician just fresh from his Alma Mater dreads the big satchel, for is it not to his patient a significant hint that he does not know anything, and that he has in every case to refresh his memory from the incongruous mass stored up under his cranium? Yet the very fact of reading up a case in the presence of the patient, robbed me of a good patient, for the good lady remarked, "if that old man has to look up in his books what to give, he must be a very poor doctor in spite of his many years of practice," while others, especially those brought up under homœopathic régime, understand the impos-

sibility of keeping all the symptoms and their corollaries in our memory, and feel grateful for the zeal which we evince for their case.

Hartmann's works on homœopathic practice were for a long time the only available means, except Hahnemann's works, to study homœopathy, and though we may be sorry, still that old sinner remarks, vol. i., page 78: "It would be as pernicious both to our patients and practice to mix our remedies, as it is useful in many complicated cases to use two remedies alternately at suitable intervals. This alternation may be much more rapid in acute than in chronic diseases. In the former the power of a dose is soon spent, in the latter, on the contrary, the functions of the organism are either carried on naturally, or they are too slow or even entirely suppressed. For example: scarlatina and purpura miliaris are frequently found complicated; to the former corresponds belladonna, to the latter aconite, both of which remedies may be given in alternation every three hours. The erethism to which consumptive patients are liable frequently requires the use of aconite, acid hydrocyan., laurocerasus, as intercurrent remedies, and it is good practice constantly to employ one of the latter remedies in alternation with the principal specific as long as the erethism lasts. In croup, aconite and spongia and hepar have been alternated with great advantage by a number of physicians." (Boenninghausen's five powders.)

J. Kafka in his classical "Hom. Therapie," page 17, says: "In most cases we give only one remedy either in solution or powder, but we alternate two remedies, when two important morbid factors have to be attacked at one and the same time, as, *e.g.*, in croup, the exudation in larynx and the spasmus glottidis, or in perforating ulcer of the stomach, the cardialgia, and the hemorrhage."

Our own Dunham as usual hits the nail on the head when in his work, "Homœopathy the Science of Therapeutics," he gives two essays on alternation of remedies, where he shows the difference between alternation and succession, though the latter is often called by the former (probably I am guilty with Jahr of the same mistake, and both of us used the word alternation instead of succession). We refer our readers to these two essays, for when we would begin to quote we would not know where to stop—and still our own blessed Dunham was the apostle for freedom in thought and action. With him, charity for his fellow-practitioners was the rule by which he lived and died, and we can not do better than to follow his glorious example.

When Dunham remarks that in a case where opium and conium were given in alternation, alumina would have covered the symptoms of both drugs, or where the hint is thrown out that lachesis combines the action of belladonna and mercurius, we see in those remarks a forerunner of the point douloureux which now finds advocacy in Germany, teaching that, instead of alternation or succession, close study would

reveal us the equivalent for the remedial action of both drugs. (See epidemic remedies, *Hahnemannian*, September and October, 1888.)

Thus it is partly the fault of our imperfect materia medica, and for the most part the imperfect knowledge of the physician in relation to materia medica, which makes genuine alternation, not succession, pardonable. Rademacher, Grauvogl, Haussmann, and von Weihe try to find out these ever-changing combinations, but Rome was not built in one day—let us work out our own salvation.

But the measure of our sinfulness is not yet full. In the September number of the *Zeitschrift des Berliner Vereins*, Dr. Goullon, the worthy scion of a noble father, forgets his Bible totally, and has the impudence to prescribe for chlorosis as a dietetic remedy equal parts of lactic acid and quinine in pills, one-third of a grain as a dose, and his chronic sufferers cry hosanna, after undergoing many treatments in vain, while they found in these very pills the elixir of life and health restored. In justice to Dr. Goullon we must mention that he uses, as a rule, the single remedy in the high and highest potencies.

Allopathy is in the majority ! in our own ranks alternation finds adherents in the majority of the physicians of our school ! ! Shall we say "Crucify them," or "Only unto us is the kingdom of heaven"? The Great Physician mixed with the sinners, and when the legion of honor wishes homœopathy in its totality to succeed, they have to descend from their high and unassailable position and mix with us sinners. Let him who is without fail throw the first stone, but till then let us be charitable toward one another, for charity covers a multitude of sins.

1316 Van Ness Ave., San Francisco.

(*To be continued.*)

SUGGESTIONS AND CORRECTIONS.

By Wm. Owens, M.D.

I HAVE a few observations to make in regard to some matters which appeared in the November issue of the American Homœopathist. I will begin with the case reported by the editor, of intermittent fever cured by ipecac. He says there was "no ipecac in the case." Do not let us speak hastily. Rarely in the treatment of any morbid condition will we find a more complete picture of it in the provings of any one drug than will be found of the case described as cured by ipecac. It covers all of the leading symptoms as given in the article referred to. Ipecac gives constriction of chest, anguish, restlessness, chills, fever, slight sweat, aversion to food and drink, urine turbid, brick-dust sediment, stool soft, difficult, tongue pointed, red, and moist. These are the leading symptoms given ; had nausea been added the picture of ipecac would

have been complete, covering all of the usual and leading indications for it. Neither nux. vom., bryonia, china, nor arsenicum has this complete group. Ipecac has it, and therefore cured the case, as it always will whether given intentionally or accidentally, on Allen's suggestion to "cure or clear up the case." I will not occupy valuable space with a differentiation of the various drugs mentioned or that might be mentioned as suitable for intermittent fever; but much of our intermittent fever literature is based on the rankest empiricism—too much guess-work based on accidental cures; accidental cures are good, but one can not always rely upon having the right kind of accidents.

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A writer in the same number of this journal suggests some new views in regard to "Dietetic Rules," greatly at variance with those received by the profession generally, and of questionable value, if not positively dangerous, in their general applicability. He mentions a case of typhoid fever (?) in which the patient's stomach rejected eggs and milk and took kindly to cabbage and vinegar. He does not describe a case of typhoid fever, but if it were such it proved only that the stomach of a *pregnant woman* had more sense than its tormentor, and rejected that which was unsuitable for it. Again in rachitis and exhausting diseases of children, usually the most concentrated nitrogenized food is required; hence again cheese proved another accidental cure, as related by the writer.

In regard to the diet of lying-in women, much may depend upon the previous habits and constitution of the woman. The woman is not ill. She has just passed a severe physiological ordeal, is exhausted, and needs rest and such diet as any other person would require under similar circumstances. No toast—but a good, generous diet of cooked fruits and farinaceous vegetables, soups, etc. Then, other things being favorable, a good getting-up, and no colicy baby, will follow. If I may be allowed to further trespass upon the space of the journal to relate two cases in point which will show the obscurity of the new dietetic rules.

Mr. H—— had convalesced from typhoid fever on the 28th day after the attack. On the 30th day he craved batter-cakes and milk, and got them for his supper; a relapse followed, and he was buried on the 40th day after the initial chill.

N. H—— case of icterus with pain and constriction across hypochondria, thickly coated tongue; craved ice-cream, got it; ate of it twice, and suffered from gastritis. With difficulty his life was saved.

Cincinnati, Ohio.

VAT YOU DINKS?

Geo. Wigg, M.D.

If my cellar is damp and I place in it a piece of bread, and that bread becomes overgrown with mold, must I come to the conclusion that the mold is the cause of the cellar being damp?

Again: If I am sick and the bacilli hunter comes along and hunts in my fecal matter, or views my blood thorugh his microscope and discovers microbes in either of them, am I to understand that the microbes or bacilli are the cause of my sickness, or my sickness the cause of them? Which is it? Vat you dinks, Mister Professor?

East Portland, Oregon.

ACROPHOBIA.*

By Dr. Andrea Verga.

IN the phreniatric congress held in Reggio Emilia, in September, 1880, I said a few word relative to an anomaly of sensibility and instincts, which I called *rupophobia*, or the dread of dirt. My words were wrongly interpreted. Some members seemed to discover in them an attempt to add a new form to the already sufficiently long catalogue of phrenopathic affections, and they remonstrated with me that mine had been observed before by others who had given it a different name. My purpose was, however, more modest. I merely desired to call the attention of members to some cases, in which the dread of dirt, whilst appearing very grave, yet seemed to be isolated from any other mental lesion, and though resembling and bordering on insanity, it did not amount to it. I intended to do almost the same as I had done many years before, in my lecture to the Institute of Lombardy, on the mania of blaspheming, and what others had recently done in their memoirs on *agoraphobia* and *claustrophobia*, which also are morbid forms, but to be registered among the neuropathies rather than among the phrenopathies.

To-day I venture to speak of an anomaly of sensibility and instinct, which may legitimately be placed alongside all the others which have been designated by names terminating in *phobia*. I call it therefore *acrophobia*, from two Greek words meaning *extreme, topmost*, and *fear, horror, aversion;* it would therefore signify fear of heights or great elevations. It is not, perhaps, a very strange or rare anomaly, and I might not be induced to speak of it, were it not that I am myself a conspicuous example of it. The humiliation of my confession will thus be

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* A communication read at [the Congress of Pavia, in September, 1887, and published in the *American Journal of Insanity.*

mitigated by the facility to me of its description, as I shall merely have to enter into a little auto-psychology.

All sorts of fears, just as all sorts of courage, are not to be met with in any one individual. *Panphobia* is, in the strict sense of the word, a chimera. There are some fears which absolutely cannot co-exist, and which exclude each other ; *agoraphobia*, for example, can not co-exist with *claustrophobia*. But *phobia* is widely scattered throughout the animal kingdom. It differs only in its proportion, object, time, and the mode in which it is manifested. The object differs in different persons ; and should we put into a bundle the physical and moral fears, we might see that they give place, in different individuals, to strange contradictions. There are some young soldiers who can fearlessly face the bayonets or the cannon of the enemy, and yet can not muster courage to declare their love to a bashful girl. In the Middle Ages the dread of damnation drove many persons, with serenity, to subject themselves to terrible bodily tortures. I, who never have feared contagion, even of cholera, and came very near being a victim of it, never, without heart palpitation, ascend even a hand-ladder.

The feeling of discomfort in elevated and insecure places is a very common fact, arising from that instinct of self-preservation which naturally leads us to shun dangers. Children, in general, exactly because they understand not dangers, heedlessly run into them, and too often perish by them. With the development of the organism and the intellect, man becomes more circumspect and prudent ; but the requirements of life, or particular circumstances, so work that he combats that feeling of discomfort which is produced by dangerous positions, and being gradually habituated to his work, he at length becomes a mason, a decorator, a roofer, a topmast sailor, a rope-walker, etc., so that we see some taking high flights with the trapeze, or others sailing among the clouds in balloons, without any uneasiness.

I, on the contrary, have never succeeded in overcoming the more or less painful feeling which my organism undergoes when it is in elevated places. I find that I am essentially a terrestrial and a pedestrial animal. Though not a giant, I realize the fable of Antæus, who could never be raised above the ground without feeling himself lost. It is a long time since I took my first riding lessons ; I preferred an humble donkey, from which I could scratch the ground with my toes, to the finest looking horse, be he ever so docile and gentle. I have sometimes journeyed on the dickey of a stage-coach, or the box of an omnibus, but the pleasure of the grand and varied scenes presented to my view was always embittered by the disquietude caused by my elevated seat, and the fear of being instantly pitched off. Every time I have passed over a river, in a wagon or a carriage, along a high and long bridge, I have never known when I reached the end of it, fearing

that at any instant the bridge might break down, and I should be tumbled into the water and suffocated. I have not a bit of taste for looking out of windows, even if only from the first story, for I am seized with a sudden apprehension that the wall may give way, and myself go down with it. When I have reached the top of a tower or a belfry, I always prudently stand in the center, and I do not attempt to look down, for it seems to me that I must be hurled into the abyss that is gaping for me below; and what is very curious is that whilst I am ascending a tower or a belfry, I experience a painful sensation, just as if my belly was being dragged out of me, and no argumentation by myself or by others, as to the solidity of the edifice, and my personal safety, succeeds in quieting me. I am naturally always ashamed of this weakness, and yet on some occasions I have not refused, in company with others, to visit heights generally regarded as very pleasant, superb, or enchanting, because of the fine prospects to be enjoyed there, but I must not tell you the internal distress caused to me by the sacrifice. To me the ascending of a scaffold is a heroic enterprise, be it ever so well fenced in, the timbers ever so strong and near to each other; the footings ever so thick and well arranged, and the whole constructed according to the instructions of the most skillful director. Would ye believe that I have never yet had the courage to enter an elevator? I have not the least inclination to any sort of suicide, but that form of it from which I believe I am absolutely guaranteed is leaping from the Duomo di Milano, or from any other high edifice. The mere thinking of those who are so doing makes me feel a tingling in the calves of my legs, or the heels, or in my neck or the soles of my feet; and so it is that of all the penances that an ascetic can impose on himself, that of the legendary Simon Stylites, for ever so short a time, has appeared to me the most strange and intolerable.

(Note.—Many of the anchorite Christians who, in the spirit of penitence, passed years and years mounted on a column, got the name of Stylites. The most celebrated of these was Simon of Antioch, who lived during a part of his life on a column several yards in height, not really for penance, but in order that he might be in less communication with the earth, and nearer to heaven. From this perch we are told he performed miracles and uttered prophecies.)

It seems to me that the discomfort felt by me in high places must be experienced by all those persons who are similarly placed, and that they must feel it all the more, the greater the height they have to reach. I therefore pity those who are condemned, by their particular trade, to live, so to say, in the air, as out from windows and balconies of upper stories, along roofs and cornices, or to ascend ladders nearly perpendicular. It seems to me that the fatigues and sufferings of these poor

devils are never sufficiently paid for, and that they must all soon come to a miserable end.

I admire, above all, as beings of privileged nature, those circus men who can leap from one trapeze to another, or those aeronauts who ascend to bedizzening heights in balloons. When by chance I attend exhibitions of this sort, I am forced to shut my eyes and turn them elsewhere, feeling a sort of pressure at the epigastrium, a squeezing of the calves of my legs, a want of breath, a cold sweat all over, and I am sure that despite of all that curiosity which is a part of my character, I shall never have the courage to enter even an anchored balloon. The bare sight of a person stretching from a window or a balcony, to speak to another passing by, is to me a terror. Those aerial whirlers, called velocipedists, who pass me capering, erect and proud, excite in me no envy. Their evolutions are never, in my belief, unaccompanied by grave danger.

It is not necessary that I should actually see others in perilous positions; it is sufficient that I but imagine them. Sometimes an incipient giddiness and a nausea assail me on the mere reflection that the globe, on which I exist, is rotating with great velocity in the immense vacuum of space, and it appears to me that the force of centrifugal projection of a body in very rapid motion may, some time or other, overpower centripetal gravity.

As with age the vital resistance of the organism, and the powers of the senses, especially those of sight and hearing (from which man derives courage and security) become feebler, it is natural that larger proportions should be assumed by those anomalies of instinct and sensibility which have, as their basis, fear (*e.g.* agoraphobia, rupophobia, acrophobia, etc.). I who, fifteen years ago, used to walk a little on the wide parapet of the wall that defends the interior fosse of Milan, may not to-day venture on it. Morbid states of certain viscera, and especially those of the heart and the brain, must contribute to the development of these anomalies. In some years past I suffered from irregularity of the pulse, and I felt that my acrophobia was increasing ; and even at present, when I am in improved conditions of body and mind, and stretched out tranquilly on my bed, I find a vague sense of uncertainty, fear, and anxiety. Any one who suffers severe head pains, and especially vertigos, absences, and stunnings, can hardly fail to be an acrophobist. That hypochondriasis which others call nosophobia may readily be associated with acrophobia, or with claustrophobia; a solemn hypochondriac recently confessed to me that he had never been able, even when he was young, to ascend a stair without holding on by the banister.

I have now presented myself to my colleagues as a fine example of acrophobia; but if it is true that a certain pope refused, in the grand

solemnities of the Vatican, to be enthroned, on a gestatory seat, in the midst of sacred fans, and preferred the humble and prosaic sedan chair I would say that the holy father was still more acrophobic than I am.*

The foregoing article may be much less interesting to the majority of the readers of the *Journal of Insanity* than it has been to me, for the very simple reason that they are probably exempt from the psychological infirmity which the author has so frankly confessed, and that I am myself one of its subjects, though not in so wide an extent as that portrayed by him. I do not remember that I have ever felt tinglings in the calves of my legs, heels, or neck on occasions of seeing other persons on great elevations; yet I by no means feel assured that I might not have had this experience had I been bold enough to gaze at them a little longer; but this I could not do, and I did not; like Dr. V., I turned my eyes away as promptly as possible. It is, however, just the same to me whether I actually look at persons high up, or merely think of them being so; and it matters not at what time, or in what surroundings this thought lights on me, I never can evade the behests of my physiological despot. My greatest horror is, however, launched on me when I chance to see a child sitting or playing close to an open window, and this instinct certainly became intensified on the sad occasion of a child of a friend falling from a third-story window on a hard pavement below, from which it was carried in dead. Like Dr. Verga, I have no love for ascending towers, and I certainly am well able to indorse his paper as to keeping in the center, when I have been led by companions into such a predicament. As to looking down, on such occasions, I have always honored the experiment in the breach much rather than in the observance. From my central standpoint I preferred the prospect, made more sweet by distance. In my case there is one physio-psychological fact of which I would be much pleased to obtain a scientific explanation. I am rather disappointed that Dr. Verga has made no mention of it, for I can hardly believe that it is an endowment of which I enjoy (?) a monopoly. Did I not well know that Italian psychiatrists are the last gentlemen in the world to be swayed by false delicacy, I might almost venture to suppose that Dr. Verga has been deliberately reticent in relation to the fact ; for as it ever has been my unfailing experience, and my most distressing sensation, I feel at a loss to comprehend why any other acrophobist can be exempt from it. It is, in plain words, just this: a sudden thrill which I feel in the scrotum, and which I have surmised to consist in a spasmodic contraction of the dartos muscle. I have questioned numerous professional friends on the subject, but not one yet has thrown any light on

* From the *Archivio Italiano*, Milan, 1888.

the problem. I must, however, say that not one of them has confessed himself an acrophobist, consequently I have been seeking for wool in the house of the goat. But assuming that my ascription of the unpleasant feeling (and such it verily is) to the above muscular disturbance is correct, how comes it that this special outlying region should be the first to feel the influence of my peculiar *phobia?* It certainly is not only the first to feel it, but it is also so absorbing as to comparatively nullify all other sensations. It shoots down with lightning speed, and, as I have before said, it presents itself with equal promptness when my mind merely figures to itself an individual perched at a great height. Surely some of the readers of the *Journal* will be able to muster a fact or two that may give me the consolation of knowing that I am not a physiological wonder. It is a crushing conviction for a poor fellow to feel that he has no fellows; but as I have, in this matter, eliminated my tattered modesty, I will hope that some kind-hearted generous sympathizer will do the like, and relieve me from the mortification of regarding myself us an utterly exceptional specimen of humanity.

TRANSLATOR.

A MEXICAN NERVINE CASE.

BY DR.



ON Sunday evening, December 2, 1888, on returning from a ten-mile visit in the country,—where I had dressed a cancerous breast, and pulled a tooth,—I found a messenger in waiting to take me to his brother living near by, who, I was told, had been dumpish for about two weeks, but had on this day finally taken to his bed.

Arrived at the bedside, I found a young man of twenty-four, robust appearance, large, muscular frame, sandy hair, light eyes, and, ordinarily, a ruddy complexion. I had known the youth for some time before, though I had never practiced in his family. I found him now in the following interesting condition: his face had a phytolacca color, with belladonna eyes, carotids and headache; kali carb. upper eyelids, and the lower ones bagged out in true Fowler-solution style; bryonia lips and thirst; the æthusa linea nasalis; arum tri. tongue; rhus tox. back; nux vomica stomach; aloes stool; lycopodium kidneys, discharge, and general aggravation; sulphur flushes and hunger; colchicum disgust at the bare thought of food; veratrum desires for cold fruit; carbo

veg. eructations and cold knees ; the sweat, odor, and peculiar aggravation of mercury ; and silicea feet. I mention these in this fashion because they were each and all prominent and leading.

Two weeks before, while at work "shucking" corn, he had become wet and taken cold, which stiffened him up but did not materially interfere with his work ; his appetite, however, began to fail, and from being one of the "hog-and-hominy" kind of hearty eaters, he began to refuse one food after another, until nothing remained but cold water and a little cold fruit. His tobacco was laid aside because tasteless, and the thought of beer or alcoholic drinks made him gag. His thirst became almost acetic-acid-like in proportions ; his flesh was sore, and so were his bones ; he had flashes of heat and intervals of goose-flesh ; he dreaded the cold ; headache arose and went to bed with him ; he was restless, yet dreaded movement ; wanted to lie down, but became asthmatic. He was weak, tired, and "disencouraged."

This condition of affairs continued, or rather grew worse, until the day before Thanksgiving, when a gaudily decked-out band-wagon drawn by a fiery team dashed into our quiet village, took up a prominent position on one of the busy thoroughfares, and, between strains of excellent music from the occupants of the equipage, a handsome gentleman with phosphorous gracefulness of person and lachnanthes volubility, sold his "Mexican Nervine Tonic" as well as the dear confiding public. This tonic was warranted to cure everything from corns to consumption and from seborrhœa to syphilis. My patient, being thereto moved by the recommendations of the Pain King, and his own dilapidated condition, invested his dollar in the Tonic and received with it a box of powdered Mexican herbs, and that night slept better than formerly. On Thanksgiving day he essayed to go hunting, but, as he has since said, he "fired three times at a rabbit that wa'n't there at all," and did other things equally singular for a right-minded young man. Still he held on to his purchase, having confidence in the virtues promised. But on the Sunday morning already referred to, he had his first pronounced chill ; for this he took a massive dose of quinine which racked him from hearthstone to rooftree. He wanted drink and he hated the sight of it : he was angry and impudent yet wept like a child ; sore yet couldn't sit quiet ; wanted the room darkened but a lamp burning ; he must have some one in the room, but no noise or speech. Noting these strange actions, his family finally became alarmed and insisted on sending for a physician.

Thus it was I found him, with the red string prominent of every remedy I could call to mind. What was the matter with him ? I tried for typhoid fever because of his tenderness in the ileo-cœcal region, his morbidly red tongue and stupor ; I thought of small-pox because of his terrible back-ache and stupifying headache ; I examined him for

scarlet fever because of his peculiar tongue, headache, and sore throat, as well as the great degree of color on chest, neck, and face; I endeavored to locate a spinal fever, a bilious fever, a gastric fever, plain chills and fever—in short, I ran the gamut of diseases as well as of remedies, and found prominent characteristics of each; but at the end of three-quarters of an hour's examination was no wiser as to his condition than the chair upon which I sat. About this juncture some one in the room suggested that possibly the patent medicine had something to do with it. This was the first intimation I had had that my patient had succumbed to the wiles of the medicine man; and while it gave me a clue it led but a little ways. This clue was simply to give a dose of nux empirically because some "hot" medicine had been last taken.

To say that I floundered about in the mire for three blessed days will be a sad admission of facts, but nevertheless the truth. I tried to get leading symptoms, characteristics, and I did; the trouble was I got too many. Each visit he would greet me with "Doctor, you'll have to give me something stronger than your little pills, or you won't fetch me." At the close of the third day, having given belladonna without appreciable effect, I took a full record of the case in my memorandum book, gave sac. lac, and went to my library. I worked there eight hours and finally determined that bryonia had the greatest mathematical preponderance of symptoms, though on mentally reviewing the case independent of my algebraic lucubrations, I said to myself it would have been the very last remedy I would have prescribed. Next morning I looked at his tongue, saw the bluish-scarlet appearance, the varnished surface, yet moist and limber, saw the fiery red buccal cavities, and was on the point of giving apis despite my night's study, but the intense thirst saved me, and I emptied the bryonia powder, previously prepared at my office, in half a tumbler of water, gave a teaspoonful at once, and directed a dose every two hours. When I called at night I found a change had taken place. "I told you, doctor," said the patient, "you would have to give me strong medicine; and I guess you've done it. I can feel every teaspoonful go right through me. I feel better every way." And this proved to be the fact. His headache had first disappeared; then his stomach-ache; then his chilly feeling; his back-ache still held part of the fort, but was easier. He sweat profusely; his thirst was lighter, and he craved oyster soup; his face had a better color, his eyes looked less like exophthalmic goitre; he had had several long, restful naps; his bowels had moved off but once, and quietly; in short, it was a most marvelous change. But his tongue was just as it had been before. That was the "sticker," and was what bothered me from the first. Knowing enough to let a good thing alone, I did not meddle with the action of this dose of bryonia, but when it was finally all taken gave him all shapes and sizes of pills

and powders—invariably of pure sac. lac—in order to watch the action of bryonia.

And that youth has had no other medicine until within a day of this writing, when I found that my "strong" medicine had developed numerous white blotches on the outer aspects of the upper and lower gums, looking very much as if a camel's-hair pencil had been dipped into some caustic preparation and touched here and there along the gums leaving these white blotches in its wake. These sometimes bled, and were painful to contact; because of these and the peculiar fetor oris, as well as the salivation and profuse sweat, I put him on mercury; he now tells me the "cankers" don't feel so bad. But that morbidly red tongue with its covering of isinglass still remains, although the young man is getting strong and has not an ache about him. We all believe that when that tongue comes back to its normal color his appetite and complete restoration will follow. Is this tongue the pathological product of the Mexican Nervine, and is there any known antidote for it?

P. S.—Jan. 9, 1889. This patient has entirely recovered, and is at work about the farm in all kinds of weather and service. The tongue still bears traces of its late encounter with the Nervine.

SYLVANIA, OHIO.

BOOK REVIEWS.

HOMŒOPATHY IN VENEREAL DISEASES. By STEPHEN YELDHAM, L.R.C.P., Ed., M.R.C.S., Eng., Consulting Surgeon to the London Homœopathic Hospital, Fellow and late President of the British Homœopathic Society, etc. Fourth edition; edited with additions and an original chapter on Spermatorrhœa. By HENRY WHEELER, L.R.C.P., Lond., M.R.C.S. Eng., late Surgeon to the London Homœopathic Hospital, London. E. Gould & Son, 50 Moorgate Street, E. C. New York, Boericke & Tafel, 145 Grand Street; 1888; pp. 192, 12mo.

This array of titles, editions, and publishers would carry with it the supposition that this was a much needed and most useful book. We take it, however, that its peculiar homœopathy is more applicable to the English school than to the American. It advises measures which we do not think have much following in this country among the present generation of practitioners; we refer to the alternation of remedies and the injection of drugs. The descriptive parts of the book, however, are excellent, tersely yet lucidly stated, and will serve any one well who will peruse its pages. The tendency of the American school of homœopathy is distinctively to the single remedy: certainly we know of no professor of materia medica and therapeutics who teaches anything else. When the first edition was published in 1860, we make no doubt that alternation had many adherents even in America; but a better knowledge of the teachings of Hahnemann, and a closer application of his principles, have gradually relegated alternation to the background.

Otis Clapp & Sons' Visiting List and Prescription Record. Perpetual. Boston and Providence ; Otis Clapp & Sons. Price $1.25 and $1.50.

Who that has been a homœopathic physician for any considerable period of time has not heard of Otis Clapp & Sons' publications ? What more can we do than call attention to this list ? It seems to us one of the best of its kind, elegantly bound and adapted for either 30 or 60 patients. Besides being a record it contains observations on the pulse, temperature, dentition, disinfectants, poisons, and other subjects of use for ready reference at the bedside.

Hay Fever, or Rhinitis Vasa-Motoria Periodica, and its Radical Cure. By E. Lippincott, M.D. Chicago : Gross and Delbridge, 1888.

However much we may differ with Dr. Lippincott touching the origin of hay fever—and we don't differ so "awfully" much—we can not refrain from admiring his little brochure, and speaking the good word which it deserves. It displays a good deal of skepticism touching the merits of many homœopathic remedies in the cure of hay fever, while it rather pushes naphthalin to the front in almost an empirical fashion ; in short, it looks as if Dr. L. advised naphthalin as a specific for hay fever. The book is a handy little remembrancer on this most intractable disease, and he must be indeed perfect who can find no clue to proper treatment in its pages. We entertain the hope that Dr. Lippincott will continue his investigations, and give us at a later date a volume more truly homœopathic and not quite so much naphthalinic.

OUR EXCHANGES.

—Pregnancy in a Double Monster.—Dr. Lewis Whaley, of Blountsville, Alabama, relates a strange case of pregnancy. In the spring of 1887 he was called in to attend Mrs. B., aged 19. She had been married about one year. Amenorrhœa and vomiting had persisted for two months. Dr. Whaley found, on examination, "four inferior extremities, two sets of genital organs complete, both external and internal ; two pubes, two mons (*sic*) veneris, two urethras, two umbilices (*sic*), two distinct set of bowels, and two ani. Both genitals and bowels entirely independent of each other," sometimes "one bowel would be loose, have diarrhœa, and the other be constipated." A woodcut of the patient is given ; she appears as a well-nourished girl in full dress, the skirts raised to the knees, so as to expose two small, ill-developed legs hanging from between two which are more developed ; the right outer leg, however, seems ill-nourished. As Dr. Whaley described a right and left set of parts, it is evident that the monster was simply double below the waist, and not an example of thoracopagous parasitic fœtus, like Lallo, whose portrait appeared in the *Journal*, vol. i. 1888, page 436. Each outer, well-developed leg is in reality the fellow of one of the smaller legs, which lie between and point forward, but in the sketch it is difficult to make out whether the smaller be right or left. Dr. Whaley observed that the left abdomen was becoming enlarged ; after further examination he told the patient that she was pregnant on the

left side. She replied, "I think you are mistaken." He asked her why she thought so, and she answered, "If it had been in my right side I would come nearer believing that you are correct." As she was very ill, and as the outlet to the left pelvis was but two inches antero-posteriorly, and one and a half laterally, labor was induced by ergot and the introduction of the sound into the left uterus, which had to be passed twice. Next day she was delivered of a perfectly formed fœtus, "of ordinary size for three and a half months' term." She made a good recovery. It is evident that a monster with fissure of the axis in the dorsi-lumbar region is more likely to grow to maturity, and to perform physiological functions, even gestation, normally, than the most perfect case of parasitic fœtus. The uterus existed in the right pelvis in this case, and the patient had menstruated regularly from both sides, simultaneously, till her pregnancy. From the patient's observations, it seemed that the right genitals were the most frequently used functionally. Unfortunately, the original notes of the case were lost, and no indication is given as to how far the pelves were fixed or separate. According to teratologists, the case would be classified under the head "posterior dichotomy," subvariety schizorachis.—*Brit. Med. Jour.*

—The Whitechapel Murder.—Dr. George Baxter Phillips gave some remarkable evidence at the adjourned inquiry respecting the mutilations found on the body of Mary Anne Chapman, who was found in the back yard of 29 Hanbury Street, Whitechapel, on the morning of September 8. He expressed the opinion that the length of the weapon, which must have been very sharp, was at least five or six inches, probably more. The mode in which the knife had been used, he said, seemed to indicate some anatomical knowledge. The reports published in the daily press are incomplete ; it is therefore desirable to state that the parts removed were a central portion of the abdominal wall, including the navel ; two-thirds of the bladder (posterior and upper portions) ; the upper third of the vagina and its connection with the uterus ; and the whole of the uterus.—*Brit. Med. Jour.*

—Carbonate of Lime for Cancer.—Nearly twenty years ago Dr. Peter Hood published a communication on the value of carbonate of lime in the form of calcined oyster-shells as a means of arresting the growth of cancerous tumors. In the *Lancet* for May 7, 1887, he publishes a second communication on the same subject, in which he states that although his opportunities for employing it in suitable cases have not been large, the results which he has attained through its use have been extremely satisfactory. He refers to several cases in which a persevering use of the calcined shell powder arrested the growth and pain in tumors undoubtedly of a cancerous character. Dr. Hood urges the persistent and fair trial of this remedy in cases of cancer where the nature of the affection is early recognized. It can do no possible harm, it need not interfere with other remedies for the relief of pain, its action can be referred to an intelligible and probable hypothesis, and it has been of utility in a sufficient number of cases for warranting us in reposing some confidence in its use.

An advantage of the treatment is that it may be readily prepared at home by baking oyster-shells in an oven, and then scraping off the calcined white lining of the concave shell. The substance thus obtained is to be reduced to a powder, and as much as will lie on a silver quarter

taken once or twice a day in a little warm water or tea.—*Therapeutic Gazette.* This remedy, you see, is not claimed to be a new discovery. It is as much as twenty years old, so says the allopath. How long has Homœopathy been using it, anyway?

—Late marriages constitute another social evil, the penal inflictions of which involve both sexes alike. Pride and luxury determine long engagements or deferred proposals. Marriage, it is believed, necessarily involves an establishment, a display, a retinue of servitors. The good old notion of two souls being united in wedlock for the purpose of being mutual helpmates, and patiently together working up from modest beginnings to affluence, seems to be entirely at variance with the modern idea of this relation. In the mean time the young man is betrayed into unlawful sources of gratification, alike destructive to moral and physical purity, the pollution of which incontinence is often subsequently communicated and perpetuated to wife and offspring. I would not dare to say how many cases of this nature have been entrusted to my professional confidence, though I doubt not my experience does not differ from that of many of my professional brethren whom I address. It is under such circumstances that many of those infective inflammations of the Fallopian tubes, as salpingitis and pyosalpinx, arise, and which entail the most serious deterioration of health.—D. Hayes Agnew, M.D., in *Polyclinic.*

—The Bible in Child-Birth.—Sir James Simpson long ago disposed of the argument, now revivified, which charges the woman who accepts anæsthesia in childbirth with evading the Biblical injunction of pain. An indignant Frenchwoman has revived an old argument with some flippancy, but not without a reckless wit. "You quote," she says, "some verselets of the Bible against us: but let me remind you that the only one of your sex who took his part in the act of giving birth profited by anæsthesia: for when Adam gave up a rib toward the creation of Eve, he was first thrown into the deep sleep of insensibility." *Brit. Med. Journal.*

—Treatment of Sprains.—Every doctor has been perplexed with the treatment of sprained ankles or wrists or knees. The treatment must often be prolonged, and the pain and swelling often remain for a long time, until the patient, who is apt to be an active, restless, healthy business man, becomes no longer patient, or your patient, as he consults some other medical man, who may inform him that his great mistake was in not consulting him at first, as all valuable (?) measures have been neglected.

Liniments in these cases are of but little use. Relief from pain is the first essential to be procured in a way which will further the process of cure. This may be done by stimulating the circulation of the part, thus preventing blood stasis and engorgement about the part. Immerse the injured joint in hot water, or hot salt and water, for from twelve to eighteen hours if necessary. As soon as the major portion of the swelling and the pain has abated, apply to the afflicted part a light plaster of Paris or starch dressing, to insure immobility, and be assured that the cure in most cases will be very speedy and remarkably satisfactory. The writer has tried this in several cases, and he has yet to have a single unsatisfactory result. The only remedy necessary, if any is used, is

arnica, diluted with five parts of water or sweet milk, applied for a few hours before the permanent dressing.—Dr. C. A. West, in *Chicago Medical Times.*

—Removal of Tattoo Marks—Dr. Variot operates as follows : The tattooed parts are first wetted with a concentrated solution of tannin, and with a set of tattooing-needles the skin is punctured all over the colored portions to the depth usually adopted by professionals. All the parts tattooed with tannin are next rubbed over with the lunar-caustic pencil, the silver salt being allowed to act upon the epidermis and derma until the needle-pricks have turned a deep black. The excess of liquid being now wiped off, things are allowed to follow their natural course. The whole surface treated will soon turn black. The pain, quite moderate during the operation, will be slight for the first two days, and accompanied with some local inflammation. After the third or fourth day no more pain is felt, and, unless for large marks, no dressing will be necessary. After fourteen or eighteen days the eschar will fall off, and leave, instead of the tattoo-marks, a reddish superficial cicatrix, which will gradually turn paler, and after two months almost disappear. On close scrutiny it will probably remain always perceptible, but it will otherwise be scarcely noticeable, and, at all events, the skin will show no trace of the former emblems, more or less artistic.—Extract from Paris correspondence of the *Therapeutic Gazette.*

—" About two years ago, Mrs. Benjamin Baughn, of Atlanta, Ga., cut the hair from the head of her little two-year-old child, and saved one curl about an inch and a half in length. A few weeks later the child became ill and died. One day last week Mrs. Baughn opened the box in which she had laid away the little ringlet, and was astonished to find that it had grown to *two feet* in length. No one had touched the box, and Mrs. Baughn is certain that the curl is the same one she put away two years ago." Why not have said " two miles " instead of " two feet " ? One would be quite as credible as the other.—*Medical Register.*

—An Odd Way of Transmitting Syphilis.—Tepliachine states (*Satellite Medical Annual*—May) that in Russia it is a popular custom to attribute all affections of the eyes to foreign bodies in them. Their method of removing the same is to stick the tongue into the eye and *swab* it around till the foreign substance is removed ! That was the way a woman, who claimed to be a physician, treated all of her cases of sore eyes. She thus frequently communicated syphilis to her eye patients. Within two months, this writer says, he had in his hospital eight cases of syphilis of the lids, all traceable to this woman's treatment. An examination proved her to be syphilitic. In a neighboring town the same writer discovered 68 syphilitic cases, 13 per cent. of the whole population ; one half of these had been inoculated by the same woman. In my own experience I have met with only one case in which the tongue was used to remove a foreign body from the eye. A laborer thought he had something in his eye, and had a fellow-workman stick his tongue into it for the purpose of removing it. The effort was a failure, because the man had a sore eye, which *felt* as if something was in it.—*St. Louis Med. and Surg. Jour.*

—Fourthly, the method of Schroeder—which I give in his own language : " I consider it the best procedure in the placental period, after

the expulsion of the child, not to rub or press the uterus, but to wait quietly until the diminution and ascent of the uterine body and the protuberance of the symphysis indicate that the placenta is expelled from the uterine cavity, then by gentle pressure to expedite its passage through the vulva." The observations of Cohn show that the spontaneous expulsion of the placenta out of the uterine cavity into the "lower uterine segment" requires for its completion five to fifteen minutes. After this is accomplished further delay is unnecessary, as the placenta can be removed now without injury, and left alone might remain undelivered hours, nay, for days. The manipulation which Schroeder employed was to place the side of the hand in the furrow underneath the uterine body, and then to exert a gentle pressure downward. As this procedure requires a good deal of practice and skill, Schroeder recommended subsequently the gentle pressure of the fundus uteri down into the superior strait. As Cohn remarks, the contracted uterine body acts like the piston of a syringe, which drives everything movable in front of it. This method of Schroeder I have found perfectly satisfactory in practice, and would urgently recommend its general adoption. The method of Credé I would reserve for the cases in which the placenta does not become detached, or those in which it has been separated in the way described by Duncan, and consequently has remained with the upper edge fixed in the uterine body. When there is some obstacle which prevents the placenta from escaping completely out of the uterine body, as, for example, might occur when a very large placenta had to pass through a moderately contracted "ring of contraction," this method would be indicated. I concur entirely in the views expressed by Credé in regard to the innocuousness of the membranes of the ovum and decidua when retained in the uterine cavity, provided the conduct of the labor has been aseptic.—Geo. T. Harrison, M.D., in *Gaillard's Med. Jour.*

—A Plea for Small Doses.—Dr. John Aulde, of Philadelphia, has published his experience with small doses of medicine. The following serve to show what small doses will do: Quinine in doses of one-tenth of a grain, to those who, on account of idiosyncrasy, can not take larger doses, will often be found sufficient. One drop of tincture nux vomica, or one-twentieth grain of the extract, are frequently as serviceable as a tonic of larger doses, while strychnine in doses of one-sixtieth or one-hundredth of a grain will accomplish all that is desired, and be much safer than larger doses. Cannabis indica, in half-drop doses at intervals of five minutes will cause the pain of trifacial neuralgia to quickly disappear. Profuse diaphoresis may be produced by the frequent administration of half minim doses of extract of pilocarpus. Phosphorus, in doses of 150th of a grain, given three times daily, will produce such an effect that it may be tasted by a susceptible patient for several days afterwards. Morphine, in tablets containing one-fiftieth of a grain, can be given in many instances with marked benefit. One drop of a one per cent. solution of the fluid extract of rhus toxicodendron is often an efficient remedy in stubborn attacks of sciatica and other affections of a like character. One-tenth of a grain of calomel, given every hour, it is well known, will produce an effect on the bowels equal to ten grains given at one time. Corrosive sublimate, one-fiftieth of a grain three times daily, is an excellent remedy in disease of the stom-

ach with fermentation and eruction of gas. It is doubtful if we have any better remedy for the treatment of boils and carbuncles than small doses of calcium sulphide, one-tenth of a grain every two hours.—*Practice.* Our friends of l'école antique are "coming around," it would seem, though still a little tardily.

GLOBULES.

—Color.—A pale pink color indicates that the animal was diseased. A dark purple hue is evidence that the animal has died with the blood in its body, or has suffered from some acute febrile affection. Good beef has but little odor, and is elastic to the touch. Meat that is wet and flabby should be discarded.—Prof. Vaughan, in *Sanitary Era.*

—The Doctor.—The lawyer, the soldier, the merchant, and the tradesman are only too ready to forget their respective callings and throw off as irksome their daily avocations. The statesman is only too glad to enter on a theological discussion in the magazines or to write a translation of the Iliad ; the medical man is said to betray his profession sooner than any one else, because his whole mind is so engrossed and permeated by the intense interest of his work that he finds it impossible to divest himself of it.—Stonham.

—How to Prescribe.—I can say to Dr. Holmes that I can probably prescribe off-hand as well as any one in this room ; but I have learned by experience the danger of doing that in the majority of cases. I carry not only a book, but carry a heavy satchel of books, so heavy that it requires my man to carry it for me, and I have never been degraded nor been looked upon with any disrespect for doing so. On the contrary, the good work that results from the use of those books is appreciated, even by those who are not considered the most intelligent. —J. A. Biegler, M.D., in *I. H. A. Trans.*

—A Venture.—I had not brought my library with me, as I had been called in a great hurry, and besides I had loaned my wheelbarrow to a neighbor. I did not have time to go to my office and study the case. What was much more fortunate for the patient, I had committed to memory in my spare moments quite a slice of the materia medica, and hastily reviewing the case I found there were so many symptoms indicative of veratrum album, that I ventured to try it, although I fully realized it was in opposition to the well-founded belief of many of the leading members of our I. H. A.—H. P. Holmes, M.D., in *Hom. Physician.*

—Is Consumption Contagious?—After the study of nearly twelve thousand cases, Dr. Herman Brehmer, an able German physician, rejects the theory of the contagiousness of pulmonary consumption. He finds the disease to be due to deficient nutrition of the lungs, which may result from many causes. He believes that the operation of all the causes may produce such changes that it may be possible years in advance to predict with great probability which members of a family will be afflicted with pulmonary consumption, and which will remain healthy.—*N. Y. Med. Times.*

—One man in the convention was married at four o'clock in the morning; another was never at a medical meeting before; and still another declared that he had "treated forty-one cases of corns with the 200th potency of saccharum lactis without a single death."—Notes from the Louisville Convention in *Medical Era.*

—The Christian Science Branch, who are doubtless in the majority, continue to employ the familiar phraseology about a "belief of a cold," an "illusion of indigestion," and so on, refusing to speak of any of these accustomed ills as real. There was an instance of the use of this language the other day which sounded very queerly. A lady called to see a friend, another lady, whose mother, a very firm believer in Christian science, lives with her. The mother came down to meet the caller, and remarked, apologetically but cheerfully, as she came in: "My daughter has a belief in a boil and can't come down!"—*Boston Transcript.*

—In answer to the inquiries received, since the publication in the American Homœopathist of the article upon phthisis pulmonalis, concerning the advisability of tonics in the treatment of consumption, it only seems necessary to say, that their use must be left to the judgment of the attendant physician. To many homœopathic physicians who find their art amply sufficient for their needs, and who can meet all the emergencies with which they may be confronted with a serene confidence based upon their skillful use of the single remedy; the suggestion of a tonic or other adjuvant in the treatment of diseases appears as a complete surrender of the cardinal principle of their faith. With them the writer has no fault to find. Upon all such questions every physician must take, for himself, such position as his conscience and his reason dictate. But to all others, perhaps the majority, and with whom the writer is to be classed, who recognize the fallibility of human wisdom and the limitations of their art, and whose chief aim is to relieve pain and diseases as quickly as may be possible, the occasional employment of a tonic or a sedative is recognized as not only necessary, but beneficent.

From his personal experience, the writer has found that when fatigued from over-work, or unusual exertion, no other medication so efficient in restoring his usual tone and giving a fresh interest in life, as a few doses of McArthur's Hypophosphites. In the treatment of chlorosis and consumption and other anæmic conditions, it occupies a place that no other remedy can fill.

As an illustration, Miss S., age 19; pale, anæmic; can not stand any exertion: pulse 96: respiration slightly quickened. Result of physical examination negative. Has been under treatment by several physicians with no appreciable benefit. In addition to the indicated remedy ordered small doses of hypophosphites three times a day. As a result, in a few weeks the anæmic condition was relieved, the pulse became normal, and the patient enjoyed a fair state of health; better than for months. Cases have recovered without the tonic treatment, but in these diseases we have found our best laid schemes gang aft agley, without such adjuvant treatment.

We would not be misunderstood as having any intention of advocating the indiscriminate use of McArthur's or any other preparation, but when a tonic is called for and judiciously given, the beneficial results are at once apparent.—*B. F. Underwood, M.D.*

—The *American Medical Journal* (Eclectic) for Oct. 1888, contains an editorial headed "Homœopathy in the House of its Friends," and thus summarizes Dr. H. M. Paine's *N. Y. Med. Times* paper so as to show that homœopathy is sadly divided. We trust Dr. Paine feels the honor of being so quoted.

— "The Curious History of a Message" in the *St. Nicholas* for Christmas, by Frank R. Stockton, is fully equally to his "Negative Gravity," and other semi-scientific, semi-realistic stories. The story is well told and will interest readers of the adult classes. The author of "Little Lord Fauntleroy" begins a new story in this number.

— The *Century Magazine* continues its splendid literary symposium. The December number has an interesting newspaper sketch, "The Irish Aigle," which is well done. Mr. Kennan gives another of his now world-famous papers, "Life on the Great Siberian Road." The Lincoln History deals with the Emancipation Proclamation period; and Cable relates his Strange True Stories.

— Orchitis.—One of the earliest symptoms of orchitis is often a hard, stunning headache. This will sometimes come on and last twenty-four hours or so, before any signs of the local disease are manifest; and when, in the course of an attack of gonorrhœa, this symptom is complained of, the surgeon should be on the watch for that which is in all probability about to succeed—an attack of orchitis.—Dr. Stephen Yeldham, in *Homœopathy in Venereal Diseases.*

— The Totality of the Symptoms embraces every fact, whether hygienic or pertaining to heredity; whether of mode of life or any other external circumstance or condition that would tend to affect the health of the individual, in addition to the morbid phenomena presented by the patient, which includes the subjective symptoms, as experienced and related by the patient, the objective symptoms, as observed and detailed by friends or nurse, and those observed by the physician himself—in short, every fact past or present that will throw light upon the cause or character or location of the patient's morbid condition. It includes also the organs and tissues affected, the influences, whether of time or circumstance, aggravating or ameliorating the patient's distresses.—W. J. Hawkes, M.D., in *The Clinique.*

— Medical Counselor.—Mr. H., aged 44 years, suffered from rheumatism; was stiff on rising in the morning; would get stiff while resting or cooling off in the mines; all caused from working in water. Gave rhus 3x for several days without any effect; then rhus 1x, but no effect. His wife would assist him to turn in bed; could only lie a short time on one side till he had to be turned over on the other. This I thought a good case for rhus, but it failed me. And then he tried specifics without any benefit. Finally he returned to me. I had rhus 200, which I had never used, but thinking I would encourage him—rather to get rid of him—I gave rhus 200 every three hours. He went to work the second day, and in one week was entirely well, and has not suffered any since, over twelve months having passed. I have a great many "stiff backs" to treat, and find rhus 200 almost a specific.—A. E. Meadow, M.D.

—Mrs. Harrison, wife of President-elect Benj. Harrison, was one of the trustees of the National Homœopathic Hospital Association at Washington, when she formerly resided there, so says Bro. Gatchell. So homœopathy will again find place in the White House, and Cabinet. Oh, yes, homœopathy is dying out fast. Do you hear anything drop ?

—I have been a devoted tobacco-user for some thirty-four years ; I have no doubt suffered thereby, but, candidly, when I recount all the ills I fancy I can lay at its door, I hold its solace cheap at such a price. Dear dead comrades of the Army of the Potomac, when food failed, when fire failed, when letters from home failed, when a familiar name failed to answer at roll-call, did the pipe—the friend of friends—ever fail ? Ah, with a pipe and good tobacco a second-rate philosopher can make even a mother-in-law very "tired" !—S. A. J., in the *Med. Adv.*

—Lycopod. is to be thought of in dysuria, retention of urine, spasm of the bladder, especially in teething children. Red sand is found on the napkins. Much pain before passing water. Now remember that periodical crying, lasting from five to ten minutes, day and night, oftener only at night, should always make us think of spasm of the bladder or painful urination. Politzer (Vienna) mentions a case of a little two-year old girl, who had been treated homœopathically without success and who had eight to ten crying spells a night for four weeks, where one dose of emulsion of lyc. and bell. cured immediately. He says that such cases are at once met by the administration of lycop. emulsion with or without bell.—*Cal. Homœopath.*

—Potencies came into the country when homœopathy was introduced, and to separate this chaff of the school from the wheat will require dissection—careful dissection—of the papers. If the cure—so called—in a given high potency paper was not nature's, we can often—yes, I might say always—trace it to physiology, hygiene, or some auxiliary not mentioned in it. If these fail to fix it, there has probably been a wrong diagnosis.—M. O. T., in *N. Y. Med. Times.*

Oh, certainly, of course. The many cures made by high potencies from Hahnemann to Kent are all traceable to physiological, hygienic, or other auxiliary aids not mentioned. And if that hole isn't large enough for us to creep into, why we say, of course, that the sick man wasn't sick at all. And that will settle it, indeed it will.

—Of the contents of this volume [Trans. Am. Inst. of Hom, 1888], we are glad to note that they give more than usual attention to materia medica and clinical medicine. There are some papers in this volume which are really homœopathic in their tone and character. It is a welcome change. Too much attention cannot be given to study of the Organon and the Materia Medica.—*Homœopathic Physician.*

Thanks. We knew if you would look the Transactions over yourself carefully, and not take some fanatical extremists' say-so for it, you would find that the Institute is doing homœopathic work in its broadest and best sense. That it has displays of surgical and gynæcological instruments has no more to do with the homœopathicity of the Institute than the other exhibits found in the wake of every medical convention. Thanks, again, for this first evidence of liberal-mindedness on the part of the I. H. A. journal as towards the Institute.

—Dr. Mary E. Grady, who has for two years and a half been associated with Dr. Bushrod W. James in Philadelphia as an assistant in ophthalmic and aural work, has removed to 436 Monroe Street, Brooklyn, N. Y.

—One rule of great importance is this: Do not pamper a child's whims, but see that he takes a sufficient quantity of simple and nourishing food. On the other hand, do not force a child to eat what he seems to loathe. Nothing is gained by it.—Wm. Boericke, M.D., in *Cal. Homœopath.*

—The terms "chronic" and "incurable" should rarely be used in or about an asylum, nor customarily be employed to designate patients and divisions of the institution. The insane realize, often acutely, the significance of the terms, and are greatly disturbed and depressed by the belief that their cases have become hopeless when they are thus classed.—Henry R. Stiles, M.D., in *N. Y. Med. Times.*

—Instead of taking up the principles enunciated by Hahnemann, where he left them, some of which were crude and necessarily undeveloped, and adding to and perfecting them from time to time, as additional light was obtained, our school stands to-day substantially where Hahnemann left it half a century ago.—H. M. Paine, M.D.

—Instead of taking up the principles of Life as instilled by the Living Creator, and adding to or perfecting them from time to time, as the centuries of experience gave wisdom, we are to-day, as to Life, substantially where Adam stood six thousand years ago.

In short, a natural law can no more be added to nor taken from, than Infinite Wisdom itself. Homœopathy is a law of Nature.

—It is true the bite of the rabid canine is sometimes attended with fatal results; so is contact with the *fille de brasserie*, but the patient with rabies carries his poison with him to the grave, while the syphilitic infection may be entailed from generation to generation. It would be well if this "epidemic of fright" regarding rabies were turned into another channel, and the attitude of medical men toward syphilis so changed that the "lurid glare" surrounding a death from hydrophobia might appear instead with the first lesion of syphilis. If we are to have laws covering hydrophobia, let us also have laws governing the development and spread of syphilis.—*Med. Register.*

—The Anæsthetic Revelation.—Within a few years it has been discovered that sulphuric ether often produces a most singular effect on the mind of the patient or experimenter who has inhaled it, giving rise to what has been called the "anæsthetic revelation." Just as the experimenter recovers from the anæsthetic, and before wide-awake consciousness fully returns, he has an intense perception of what seems to him at the time the philosophic secret of existence—the true explanation of the universe. This singular impression, though intense, does not last long, and in spite of the subject's strongest effort to carry the revelation out into wide-awake consciousness, he finds himself unable to do so, but is left full of awe by his strange experience, and wonder at the nearness of the solution which for so many ages has been sought so far a-field.—*N. Y. Med. Times.*

—In obstinate hiccough, always suspect aneurism, and carefully examine for such.

—Dr. Thos. M. Stewart, graduate of Pulte, also of the Ophthalmic Hospital of New York City, has been appointed to the professorship of anatomy of Pulte, made vacant by the resignation of Dr. H. L. McCormick.

—A special meeting of the Nebraska State Homœopathic Medical Society was called for December 12, 1888, to be held in Lincoln, for the purpose of preparing and securing such medical legislation as shall efficiently protect against charlatanism, etc.

—In no case should the use of the carefully selected remedy be neglected. While there may be cases in which the cause is entirely local, and a cure may be accomplished by the use of local and mechanical measures, yet it is oftener true that back of all lies a constitutional disease or dyscrasia which these measures only palliate, and which can never be cured without the use of internal medicine.—*Cowperthwaite's Gynæcology.*

—But what of Homœopathy? What are her claims to a place as a part of science? First, every medicine is selected in accordance with a universal principle, *similia similibus curantur*, the only curative law known among men. Second, she recognizes no specifics except such as are selected in conformity to this law. The whole laboratory of nature is at her command. There are no medicines or appliances she may not utilize; and yet no medicine is homœopathic until a case has been individualized by taking the totality of the symptoms, and *the* remedy selected according to the law of *similia*.—C. H. Lawton, M.D., in *Med. Adv.*

—Miss Lois M. Royce, one of the sufferers by last winter's blizzards in Nebraska, says in a letter to a friend in Bethel, Me., that she has received a pair of artificial limbs with rubber feet of the Marks patent, to provide for which teachers and others in Boston contributed the means, and that they have already proved wonderfully efficient. She writes: "They fit so far admirably, and I walk very well with them. I walked to the carriage this afternoon just by taking hold of my father's arm." This is but one of nearly a dozen last winter's blizzard sufferers whom the firm of A. A. Marks, of New York city, has supplied with pairs of rubber feet during the past few months.

—A Druggist in Trouble for Counterfeiting the Famous Mellin's Food.—William Silver, doing business as an apothecary on Eighth Street, near Callowhill, Phila., was arrested recently by the Doliber-Goodale Company of Boston, proprietors of Mellin's Food for infants and invalids, charged with swindling and obtaining money under false pretenses by selling a spurious compound of his own manufacture under their name and registered trade-marks.

We are informed that other arrests will follow this important capture, and that the Doliber-Goodale Company and other corporations engaged in manufacturing proprietary articles are determined to follow up with vigor the prosecution of all those who are accused of tampering with their labels and goods. In this most laudable undertaking the community will most cordially wish them the fullest success.

—They say that the *They Say* page of the December issue of the *Medical Era* is the best that has been prepared for a year past.

—Lady Dufferin, wife of the Viceroy of India, recently laid the foundation stone of a hotel for the accommodation of female medical students in connection with the Calcutta Medical College.

—Young Physician (diagnosing a case)—In the first place, sir, you must drink less coffee. Patient—I never drink any coffee at all, sir. Young Physician (considerably annoyed)—Well, you ought to.—*Life.*

—I call that man fanatical when his enthusiasm is narrow and hoodwinked so that he has no sense of proportions, and becomes unjust and unsympathetic to men who are out of his own track.—*Daniel Deronda.*

—Prof. Luyties, in *the Clinical Reporter.*—"Patients suffering from consumption, and too poor to have a change of climate, should frequent the hot-houses, a few hours daily. This will often arrest the progress of the disease or prolong their lives. Those patients predisposed to tubercular disease should be advised to cultivate the foliage plants. The prevention and power of arresting is due to the aseptic air."

—It was really unkind, *Mr. Medical Era*, to discontinue "Hashisch" just as we were beginning to "catch on," and approaching the period when we could hardly wait for the next number of the journal to appear. We were anxious to know whether the evidences of that crime were deposited in that coffin; and how "Hashisch" was going to figure in the story; whether the villain was brought to book ultimately, and the innocence of the innocent ones fully established. But we shall never know. It is not to be continued.

—Ipecac.—I have rarely obtained satisfactory effects from ipecac, in nausea and vomiting. The two remedies upon which I have learned to place the greatet reliance are arsenicum and bryonia. When there is thirst, restlessness, and ejection of everything taken into the stomach, arsenicum 3 or 30 will, in most instances, control the symptom at once. If it fails to do so I resort to bryonia, and usually with effect. If the stomach can retain nothing, and the nausea and vomiting are aggravated by raising the head from the pillow, bryonia will almost certainly afford relief. In my experience these two remedies are capable of controlling emesis in nearly or quite ninety per cent. of all cases. —Sheldon Leavitt, M.D., in *The Clinique.*

—The medical profession is least respected as a profession by the public, while the lawyer, who grows fat on human vices, and the soldier, who is paid to commit legalized murder, are promoted to high places and honored by all. Why are these things? I say it is because the profession is overcrowded, because its portals are thrown too widely open and undesirable members thereby admitted, and the greatest blessing that any one could bestow upon the profession, both for the present and future, would be to narrow these portals, and by a searching discrimination at the very beginning to lessen the number of those flocking in, who think, doubtless, that they are going to float down the golden stream of fortune, whereas they have only to encounter the stern and stormy billows of adversity and disappointment.

—Errata : On page 88 of Cowperthwaite's Text-book on Gynæcology, in seventh line from bottom of page, read "coccyx" for "cervix."

—A Jersey City girl who paid six dollars for a pair of high-heeled shoes and wore them a week, has paid a surgeon eighty dollars to get her in shape to stand on her feet once more.

—"Let me see," said the minister, who was filling up a marriage certificate and had forgotten the date, "this is the fifth, isn't it?" "No, sir," replied the bride with indignation, "this is only my second."

—In France a woman split a man's head open because he found fault with her coffee, and took out his brain and placed it under a jar, presumably to study the peculiarity of the brain that would question the excellence of her coffee.

—It is said that a certain old-school physician of Cleveland, Ohio, remarked concerning a famous and elegant street in that city : "The homœopathic physicians are pulling more door-bells on Euclid Avenue than we are"; and this would undoubtedly be a mere repetition of what might be said concerning the most elegant streets and avenues of every large town and city all over the United States.—A Layman, in *Cal. Homœopath.*

— The Homœopathic Materia Medica was never intended to be a treatise upon pathology or physiology or botany, but merely the simple record of the pathogenetic and clinical effects of drugs. This record was created to be used in curing the sick according to the law of the similars, and for nothing else. So long as it enables physicians to do this successfully it is a success; when it fails to be the medium of curing the sick, then it will be a failure. Its value can be judged by no other test.

Those who claim to have faith and confidence in the accuracy of this materia medica also say they can and do make wonderful cures with it; on the other hand, those who declare this materia medica to be erroneous and unreliable are those who not only disclaim success for themselves, but go so far as to deny that others are successful with it. Which gives the more reliable testimony?—E. J. Lee, M.D., in *Hom. Physician.*

—Case in a Hospital.—A strange case occurred at the general hospital of Buffalo recently. A woman had a serious operation performed, and after it was all over she began to grow very weak from the shock. At 12 o'clock at night life was so low that the pulse was scarcely to be felt, and a rather unusual resort was made of injecting a quart of salt water into her veins. This revived her almost instantly, but it was only for a time. Then a pint more was injected, and one of the doctors drove off rapidly to a milkman, and had him fill some warm, clean bottles with fresh milk, for which the cow had just been milked. The bottles were put in warm water, and upon arrival at the hospital a pint of the warm milk was injected into the circulation, and shortly afterward another pint. This made three pints of saline solution and two pints of milk. Still the patient did not permanently revive, and, as a last resort, a transfusion of a small quantity of human blood from the arm of one of the doctors was made. All the efforts of the physicians were in vain, however, and the woman died twenty-four hours after the operation.—*New York Press.*

—Over 300 copies of Cowperthwaite's Text-Book of Gynæcology were sold the first ten days.

F. Park Lewis, M.D., has resigned as editor-in-chief of the *Physicians and Surgeons' Investigatar.*

—A negro woman near Montezuma has given birth to three children, whom she intends to name Cleveland, Blaine, and Butler.

—Dr. Edgar V. Van Norman, formerly of Springfield, Ohio, is permanently located at No. 943 Sixth Street, San Diego, California.

—REMOVAL.—Dr. Benj. F. Bailey has removed his office and residence to the southwest corner of L and Fourteenth streets, Lincoln, Neb.

—Some long courses are apt to mislead students into thinking that they can learn well enough from lectures without paying much attention to practical work ; this is especially the case with anatomy. Who learns anatomy from lectures ?—*Med. Reg.*

—Dr. Allis says the great secret of applying plaster of Paris bandages is to have all the sizing out of the material used, so when a piece of muslin to be used is thrown upon water it sinks readily ; if it does this it will readily absorb water and plaster, and will set quickly ; a little salt added to the water is an advantage ; a roller made of lint is better than cotton to be applied next to the part.—*Can. Med. Record.*

—In Alabama, a black negro girl about eighteen years old has given birth to twins at seven months, one of which is as "black as the ace of spades," and the other as white as any white child her medical attendant ever saw. This is as puzzling as the case recently reported, in which a beautiful young woman with a tinge of negro blood so slight as to be imperceptible, married an unsuspecting white gentleman, and in due time presented him with a black baby.—*Omaha Clinic.*

—Here is what an old midwife told me was the cause of post-partum hemorrhage : "The vein that comes down the left shoulder and goes into the glass works of a man's night room into the cell, to the rectum, into the top of the captivity, from there into the *placency*, and supports the baby, and so many hours before labor the vein comes into, and if the mother be too much exposed, hemorrhage will take place. Then pour on cold water and sponge out mouth of womb with ergot, and when the vein does come into, who in the devil can get up there to *tie it?*"—*R. S. Martin, M.D., Med. Brief.*

—For the past ten years we have had occasion to be especially impressed with the idea that the renewed study of "good old-fashioned" midwifery would be quite as profitable as to spend so much time upon gynæcology,—indeed, we are quite sure that, at the present day, obstetrics is often neglected for the much more attractive gynæcological clinic. Every member of our profession requires to master the obstetrical art before he should ever dare to cross the threshold of the lying-in chamber, and if he does but little of this kind of practice, he requires to keep himself posted, by occasionally reviewing his early studies upon the subject.—T. G. COMSTOCK, M.D., in *Hom. Jour. of Obstetrics.*

—'Ninety looks forward with much pleasure to being the first class to graduate from the new college, and hopes the erection will be pushed by the contractors.—*The Chironian.* The new board of editors is a little "off" in its anatomy. There is certainly something wrong somewhere, for we avow that we never heard of "contractor" muscles in that connection.

The *Phys. and Surg. Investigator*, quoting the *Medical World*, has a good word to say for the administration of our remedies in hot water. "There can be no doubt that cold water chills the stomach, thereby contracting the vessels, and retarding absorption until it has regained its normal temperature. For this reason, also, cold water should not be taken immediately after the medicine."

—A little boy, a cripple, was being wheeled past a Center street store in Bay City, when a gentleman who noticed the unfortunate child said: "That little boy's misfortune is the result of a kiss. When he was a baby his sister, on coming into the house, went up behind the high chair in which he was sitting, and, catching his head suddenly, gave it a turn and kissed him. The shock injured his spine, and he is going through the world a cripple for life."

—The Barry clinical thermometer, self-registering, is an instrument of such great service to the physician that it seems almost needless to call attention to the subject. Dr. Dillow at Saratoga, in speaking of thermometers, stated that very many are defective or prove so after a little use, and it therefore behooves the practitioner to procure the best. The Barry makes claim to being a superior article, well seasoned, flat-backs, indelible black numeration, sufficiently magnifying to be easily read, and highly indorsed by the profession

—Murat Halstead's "Gravelotte Revisited," in November *Century*, is in the usual vein of that felicitous writer; it is graphic and instructive. This number opens with the 37th volume of the Magazine, and, as is customary, is the beginning also of several stories to be continued from number to number. "The Romance of Dollard" promises to be an excellent one, the style being new, the scene of action in Canada, in the early times during the French possession. Mr. Kennan's Siberian papers, now causing such intense interest in the civilized world wherever read, will continue: as also the Lincoln history. The new volume opens up auspiciously.

—Another rectal neurosis is the "jealous" rectum, which puts a veto on social intercourse. One lady was in a perfectly comfortable condition until she put on her bonnet, when this unruly organ would remonstrate audibly and continue until the unfortunate possessor would be compelled to take off her bonnet and make up her mind to stay home. After this everything would become quiet. Another lady always began to have an evacuation from the bowels as soon as she received a letter from her husband, and was obliged to delay reading it until the rectal demands had been satisfied. A third would soil her bed after any violent mental emotion. All were kept prisoners at home, and had to abandon social intercourse.—*Wm. Goodell, M.D., in Med. Standard.*

The hypodermic injection of permanganate of potash, two grains to the drachm of water, says the *Phys. and Surg. Investigator*, has been discovered by a Brazilian physician to be a complete antidote for snake poison.

Said an anxious mother to Pliny Earle : "Do tell me, Doctor, is my son going to get well ?" "No, I think not. If he were a poor boy, he doubtless might. But he is quite rich, you know, and I have little hope for him." He that hath ears to hear, let him hear.—A. W. Thompson, M.D., in the *Cint. Lancet-Clinic.*

—In making vaginal examinations, soap is the best lubricant for the finger. It is cleaner and more slippery than oil or vaseline, and more easily removed from the hand, which is soon needed for something else ; besides being more agreeable to the patient.—*Archives of Gynæcology.*

The *Med. Chronicle* (*Lancet-Clinic*) speaks of liq. arsenicalis as a radical treatment locally applied for warts. By a singular coincidence a physician near by our town in assisting in embalming a corpse found a large wart on his hand rapidly disappearing. He was and is confident that the disappearance is due to the action of arsenic in the embalming fluid.

A neighboring physician, having a very sick baby, sent to me for counsel. I recommended MALTED MILK for its nursing-bottle. From that day on it has been steadily growing stronger, until to-day, from being an emaciated little baby with hollow eyes and pasty skin, it has grown round and full and well. I have had equally good results in aged patients, and have, therefore, no hesitation in speaking a good word for MALTED MILK.—Frank Kraft, M.D., *Editor.*

Wide Awake is not misnamed. The Story of Helen Keeler, Deaf, Dumb, and Blind, will touch every heart, old or young. The Children of James Monroe, by Harriet Taylor Upton, revamps an almost forgotten period of our history.

Mrs. W. T. Coupe, (Whatcom, W. T.) in an article on Painless Parturition in the *Med. Advance*, argues that because the lower animals suffer no pain (?) in parturition, that, therefore, the human female ought likewise to be free. However, this logical fabric is sadly shaken when a few lines further on she directs the parturient woman to adopt a style of diet entirely different from that indulged in when not pregnant. Do the lower animals change their accustomed diet a few months before parturition ?

OH-DON'T-OLOGY.

DON'T neglect to collect your bills about this time.

DON'T put off preparing your Institute paper until too late.

DON'T fail to add to the happiness of some poor family among your patients.

Don't substitute anything for similia similibus curantur. Let that be your motto.

Don't be led astray on electro-homœopathy. There is no homœopathy about it.

—Don't look strabismatically at your opponent; you may want his counsel some day.

Don't forget cimicifuga in the melancholy which frequently occurs after childbirth.

Don't bother your head about the potency; give that in which you have most confidence.

Don't sell your practice just because Homœopathy is dying. Let her die awhile longer.

Don't forget that it is possible to prolong life of a dying person by frequent small doses of glonoine.

Don't pour a continuous stream on fire resulting from electricity, else a current may knock you—end ways.

Don't you feel glad that Father Lilienthal again comes to the front in *propria personæ*, and not simply as a translator?

Don't give your answer too quick; but how much of a "library" can you carry in an 18-inch gynæcological bag?

Don't talk while at work over poisonous ingredients, paints, chemicals, etc., for fear of inhaling morbific products.

Don't let any one make you believe that *book* learning is better than *head* learning: that wheelbarrows are better than memory.

Don't prescribe for diseases; neither be so ignorant of diagnosis as to be unable to give your patient some idea of his ailment.

Don't lose courage: if you can count the sunny and cloudy days of the whole year, you will find that the sunshine predominates.

Don't receive a student unless he is worthy and well qualified, duly and truly prepared, of lawful age and well recommended.

Don't go to the extreme in the book-carrying business. Carry all the knowledge you can in your head, to be *supplemented* by books.

Don't be so bitter on your opponent because he is young. Look up your Fifth Reader, and read what Pitt said about that once upon a time.

Don't imagine that *age* and *wisdom* are convertible terms; or that much money and a lucrative practice invariably presuppose sterling worth.

Don't you think that was a graceful admission on the part of the *Homœopathic Physician*, concerning the homœopathicity of the last Institute?

DON'T alternate unless you are absolutely sure the single remedy will not suffice.

DON'T you feel relieved to have the "big guns" in the Old School calling each other everything unpleasant—England and Germany, for instance?

DON'T try to pass the final examination without a good knowledge of the characteristics of the Materia Medica, the opinion of Dr. Hitchcock notwithstanding.

DON'T you believe there's going to be "slathers" of fun for the great majority, if the I. H. A. folks go to fighting among themselves about libraries and wheelbarrows?

DON'T rub it in so hard, Brer. Vandenburg. You certainly have them on the hip on the "peculiar" symptoms, against the much cracked up "totality."

DON'T lay to your soul the flattering unction that because you brought him out, his success is yours. A good many don't stay brought out. A pewter cup is pewter still.

—DON'T "give this away:" an old Toledoan, who was in California at the time of the last earthquake, when the shaking began, swallowed a couple of quinine pills at once.

—DON'T use ice cut from small ponds, or from inlets of larger ones, as these places are usually the dumping places of dead animals and other objectionable refuse.

THE

AMERICAN HOMŒOPATHIST.

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FRANK KRAFT, M.D., EDITOR.

The January editorial of the *Medical Era*—"Doctors as Destroyers," is no less well-timed and instructive because reflected from a daily paper, than if an original conception on the part of the able editors. As a daily paper sensation it reached those, of course, for whom it was primarily intended, the masses; as an editorial in the *Medical Era*, dressed and displayed with the masterly finish for which Brother Gatchell's work is famous, it reaches that other class who are most deeply concerned: the doctors. It seems that the *Chicago Times*, with an eye singled to a sensation, deputed two of its reporters, male and female, to impersonate a distracted brother and an unfortunate sister from Memphis, and in this guise to visit the doctors of Chicago for the ostensible purpose of having a criminal abortion performed on the unfortunate "sister." It is creditable to the profession that the great—the overwhelming majority withstood the "big roll of greenbacks" of the "brother," the tears and simulated misery of the "sister," and refused to be in any way concerned therein. The tribute paid to one doctor, the report of the interview had with him, is a tribute to his manliness as well as his professional integrity. We sorrow, indeed, that there were those who scrupled not to be implicated in infanticide. The end is not yet.

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In a little volume just at hand entitled "The Medical Graduate and His Needs," are two statements which we extract as follows:

"To inform certain patients that it is quinine, potash, or calomel which is to save them, is to divest the remedy of its most potent charm —FAITH. . . . Thus, for instance, the well-known feeling of indefinite expectation, or 'moral effect,' resulting in most persons on taking a dose of medicine, is. . . . almost always shaped by their preconceived notions of the medicine. This circumstance, this 'moral effect' which is so frequently the ONLY CURATIVE MEASURE AVAILABLE, is not sufficiently appreciated in routine practice."

"What a subject for regret, that many daily cures, confidently attributed to some favorite remedy, can not be shown to be due, and due alone, as they are in fact, to this power [Faith]!"

Is't e'en so? Then the Faith cure is not wholly the prerogative of the Homœopath, as you have for so many years contended. And if you can not with your exact science, your massive doses, and your brilliant diagnoses tell what cures, why cast that stone at the Homœopath?

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Says our esteemed contemporary the *N. A. Jour. of Homœopathy:* "We were somewhat amused, some time since, by the wail of a writer

in one of our journals over the fact that our wing of the profession did not appreciate the efforts of some one to supply what he deemed a lack in our literature. Our school was taken to task because writers were not supported by a ready purchase of their productions; and the impression was left that we are not as liberal purchasers of medical literature as Old School men." Well, not exactly. The school was not taken to task for non-purchase of books; it was taken to task (if by "school," we may indicate the "critics") for unjustly condemning a homœopathic publication; and at the same time speaking pleasantly of our opponent's "green-and-gold," where are advocated measures as diametrically opposed to homœopathy as is the basis of examination between the high and the low potencies. Glad the "wail" amused you.

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With a species of regret akin to that of losing a dear friend, we received the information from its December number, that the *Southern Journal of Homœopathy* with that issue departed this life, with a possible revamping at a future date as a California journal. It has been our good fortune to have been reader of this *Journal* almost from its incipiency, and also to have had a few numbers of its chrysalis *The Homœopathic Pellet;* and throughout this entire period we had admired and appreciated the energy of the editor, sympathized with him in his disheartening struggle to found a first-class homœopathic journal in the South, and indulged the hope that Brother Fisher might eventually see his way clearly past the Scylla of striking printers and the Charybdis of non-paying subscribers. We had feared for some time that ill-health in his immediate family would necessitate a change of climate; so when the celebrated California edition made its appearance we felt that some day "God's country" could claim him as a resident. Since the publication of this number, however, we learn that the *Southern Journal* will not leave Texas, nor will it cease to be the exponent of Southern homœopathy; that, in fine, Dr. G. G. Clifford has arranged to continue the journal, removing its headquarters to San Antonio, whereat we rejoice greatly. We desire the *Southern Journal* to continue the *Southern* Journal—for the South needs just such a periodical—and not seek to go become a California journal. We have reason to believe that Dr. Clifford will do the right thing, and if the subscribers and contributors will do their share, the future success is assured. We regret to lose editor Fisher, for he has been a newsy editor, one possessing the knack of presenting his news in instructive and interesting fashion; neglecting private practice to make his journal a success, and retiring from his post only because of positive necessity.

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The *Medical Advance* returns to Ann Arbor, after an absence of one year. We note also that the *Medical Current*, which was aforetime amalgamated with the *Advance*, issues from its temporary retirement and will appear again *in propria personæ* under a new editorial management.

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We call special attention to the Preliminary Notice sent out by Gen. Sec. Dudley concerning the next Institute, and trust that each member will take due notice and govern himself accordingly.

BRIEF NOTES FROM HERING'S LECTURES DELIVERED IN 1870–'71.

SABADILLA.—Great debility. Patient very clumsy and stumbling; totters when walking. Great sensitiveness to cold, and symptoms aggravated by cold (Nitric acid similar). Like lycodium many of the symptoms go from right to left; while lachesis has symptoms going from left to right. The aggravations of sabadilla are in the forenoon, before midnight, and at rest, and the symptoms appear before the full and new moon. It has pains in the bones as if they were scraped, or cut by a sharp instrument. It has an intermittent fever in which the chill comes almost at the same hour, and has thirstlessness during chill and heat. There is perspiration during sleep. Patient has all kinds of imaginary complaints. Is excellent for worms (when indicated). The sore throat begins at the left side.

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EUPHORBIUM.—This has tearing, stinging, pressing pains only during rest. Paralytic weakness of joints when beginning to move. Caries of bones, and sometimes effective in gangrene; like rhus it has vesicular erysipelas in face. Sycotic excrescences (sabina, phos. acid, lyco.), aggravation at rest or when beginning to move, like rhus, and, also, amelioration from constant motion.

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* *

CYCLAMEN.—Pressing, drawing, tearing pains, especially in periosteum. Sleepiness during day-time when sitting down. Great debility of body; but all symptoms, except the debility, feel better when moving about, the symptoms returning when sitting down. It has gastritis like pulsatilla, but the menstruation is too early and too profuse. Amelioration from walking or from motion like pulsatilla. Aggravation from eating fat food.

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BARYTA CARB.—This is one of the most important of anti-psorics. Chlorine affects the mucous membrane most: baryta is just the reverse. It has never been found in the animal or vegetable substances. Baryta is found in the mineral kingdom, in the mines. In triturating metals we use the precipitates of the same. We now give the baryta carbonica; there is very little difference between baryta acetica and the baryta carb. The latter is more suitable for old people; indurations of the throat and swelling of the tonsils; chronic induration of tonsils. Tonsils enlarge and suppurate much. There is a sore place in the throat, when swallowing, feeling as if the substances swallowed were passing over a sore place. Ulcers of long standing on tonsils may be cured by it. When swallowing the saliva, a smarting pain, a feeling as if it were

rough ; shooting, aching pain. The feet sweat with offensive odor. Silicea is also of great importance for this symptom, but baryta is just as valuable.

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In chronic diseases the symptoms follow each other ; as, *e.g.*, the symptoms, let us say, are a, b, c, d, e, f, g, and h. We look to the last symptom h as the most important. But if the disease began with an eruption (a) which caused all the other symptoms, then we may give a medicine which will cure the first and last symptoms (a and h).

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After taking the proper homœopathic remedy, if proper effect is produced, the first symptom indicative of improvement is *sleep ;* after which internal feeling of improvement, and the symptoms disappear in reverse order. Whenever a disease disappears thus, we may be sure that the remedy given was truly homœopathic. Homœopathic remedies, when not strictly similar, may drive away eruptions of the skin, suppress them, and make the case much worse, producing great emaciation on face, hands and thighs.

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The great question now is, does the body make the soul, or does the soul make the body ? We take the standpoint that the soul makes the body, therefore the symptoms of the mind are of the greatest importance to us.

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Poisoning.—Homœopathic remedies when worst is past :

After	sulphuric acid	give Pulsatilla.
"	Muriatic acid	" Bryonia.
"	Nitric acid	" Hepar.
"	Phosphoric acid	" Coffea.
"	Other acids or wood vinegar	give Aconite.
"	Potash	give Carbo veg.
"	Hartshorn	" Hepar.
"	Liver of sulphur	" Belladonna.
"	Iodine	" Hepar or bella.
"	Phosphorus	" Nux vom.
"	Alcohol	" Nux vom.
"	Prussic acid	" Coff., ipec., or nux v.
"	Alum	" Puls. or verat.

IS ALTERNATION OF REMEDIES EVER ALLOWABLE?

By S. Lilienthal, M.D.

A student of medicine for the last half-century and over.

Second Paper.

BAYES in his "Applied Homœopathy," page 136, remarks, in speaking of Phosphorus, that in fatty degeneration of the liver phosphorus 2d cent. twice a day, and 30th every night, have proved of the greatest service in his hands.

Such a practice in the hands of many physicians has been equally successful, and I, sinner as I am, plead guilty to the same error, and because I consider the action of a high potency quite different from a low attenuation, it must be also considered an alternation of two differing potencies of one and the same remedy. I well know that some of our best authorities differ with me on this point and deny the oft-mooted point of primary and secondary symptoms; yea, authorities also differ whether high potencies are indicated for primary or for secondary symptoms. Thus Hering teaches: "Having chosen the remedy according to the symptoms of the case from the complete correspondence of the characteristics in disease and drug, we have only to consider whether the symptoms of the case have generally more resemblance to the earlier (primary) symptoms of the drug, and then we give the lower potencies; or more resemblance to the latter (secondary) effects, that is, to the symptoms produced by the higher-potency provings, and then we give the higher."

Dr. E. M. Hale published an elaborate article in the ninth volume of the *North American Journal of Homœopathy*, where he says: "In any case of disease we must select a remedy whose primary and secondary symptoms correspond with that of the malady to be treated, and if the primary symptoms of a disease are present and we are combating them with a remedy whose primary symptoms correspond, we must make the dose the smallest compatible with reason; and if we are treating the secondary symptoms of a malady with a remedy whose secondary symptoms correspond, we must use as large a dose as we can with safety.

Knowing the practice of these two eminent prescribers, there is no difference in regard to the primary symptoms, for with Dr. Hale the smallest dose compatible with reason would be at the utmost the twelfth potency, whereas Father Hering would consider all doses from the tincture up to the twelfth low and medium potencies; still we can not understand why Hale orders material doses for secondary symptoms, when a Hering sings pæans to dynamic medication. It is true Hale heads his article "The dose, a law suggested for the selection of

the proper quantity," and excludes thus all dynamic action of the drug. In fact, through the whole article the quotations are taken from allopathic sources, and it may serve physicians of the old school as a valuable guide in relation to the quantity of the drug to be prescribed, and by-and-by, when they have learned the value of life-force in the patient and in the drug, and gradually this dawns upon their minds, Hering's proposal will be more fairly considered.

Dunham, in his masterly manner, thinks that no law for the determination of the dose can be deduced from the relation of opposition or contrariety, on the basis of which symptoms have been divided into series of primary and secondary.

And still Hahnemann speaks of "Wechselwirkungen," alternate action of drugs, but he explains it better when he teaches that a certain drug may evoke some symptoms earlier and others later, which may be somewhat or diametrically opposed. Of the drugs, the effects of which pass over in a brief space of time, the primary symptoms appear and disappear within a few hours; after these the secondary appear and as quickly disappear. Under the action of moderate or small doses the symptoms of the first order come chiefly to view; less frequently those of the second order. I have chiefly preserved the former as most suitable to the medical art and most worthy to be known. But there are some kinds of symptoms in every proving to which an opposite can not be predicated.

Here Hahnemann and Hering are in full accord and counsel moderate or small doses for what they consider the primary action of the drug, and still experience has shown both these master-minds at fault, for Dunham in his essay, "On the Action of High Potencies," clearly shows that they act as well in acute as in chronic cases, and Berridge decidedly approves of the rapid repetition of the drug in suitable cases.

Perhaps Grauvogl comes nearer to solve this question of the primary and secondary action of drugs, when he says both are only varieties of function which must follow each other according to the law of reciprocal action, a fact which is daily demonstrated to us in disease as well as in drug action, and to keep the golden middle way, it may not be amiss to use the remedy also in its totality and thus restore the equilibrium disturbed by some morbific cause.

Page 136 of the second volume Grauvogl again gives us a valuable hint, that a drug may be at one time a function-remedy, at another time a nutrition-remedy, or both in the same case, and he elucidates this problem by a case of enchondroma which he cured with silicea 6th, five drops every two hours. True, he says, siliceous earth must have been conveyed to him by his usual food, but his organism had lost the faculty of appropriating it from the food. But if the stomach and

intestinal canal, in brief, if those of their functions which should have taken up the siliceous earth contained in the food, and carried it to the blood, were clearly not able to do it, then it must be accomplished in some other way.

It is an old and trite maxim, that it is not what we eat, but what we digest and assimilate, which nourishes the body. Hence many, and you may count me among them, prescribe a low trituration of a lime salt several times a day as a nutrition-remedy, and a high potency, 200th to 500th, at night as the function-remedy, or for malarious influences natrum muriaticum or sulfuricum, given in the same manner, when indicated, will drive out the invaders and health is re-established. Many more cases might be adduced, but let that suffice.

Schuessler's tissue remedies are a hint in the same direction, and the more we apply Grauvogl's nutrition and function idea to these polychrests, the more successful will be our practice.

Is this alternation? I do not know, and though I try to be as pure (poor enough, it is true) a believer in homœopathy and trying carefully to carry out the law in practice, still I openly acknowledge this alternation, and an open confession is better than sinning in the dark. *Dixi et salvavi animam meam.*

San Francisco, Cal.

THE REPETITION OF DOSES.*

By Clarence Willard Butler, M.D.

"That may repeat, and history his loss."—*King Henry IV.*

THE scientific man of to-day, when brought to the consideration of any subject connected with the forces of nature, more than at any time within the history of scientific investigation endeavors, by a wide generalization of known facts—whether the results of his own observation and experiments, or of the observation and experiments of others—to find the *law* which governs. The scientist of to-day recognizes, as never before, how insufficient a guide is the experience of the past, the "wisdom of the ancient," except in so far as they may lead to a recognition of underlying law ; and how certain and unerring a guide is such a law, when sufficient data have accumulated from which it may be deduced, and a master mind has arisen who may recognize it and make it the property of the world.

Of the three great questions which come before the therapeutist—the choice of the remedy, the strength in which it shall be exhibited, the frequency with which the chosen dose shall be repeated—we have to-day a guide for one only. The genius of Hahnemann has given us the

* Trans. of New Jersey State Hom. Med. Soc.

law which decides the choice of the remedy. Failure can only occur because of human frailty ; but beyond this point we have no reliable guide, nor do I think that just at this present time we are very rapidly approaching solutions of these great and serious questions. The discussions which have appeared touching them have been conducted with less of the spirit of honest investigation and earnest desire to arrive at simple truth, than with a spirit of intolerance based upon preconceived opinion and unreasoning prejudice. Of more than one of these polemical writers I fear it may be said, as was said of Burke by Macaulay, "He chose his position like a bigot and defended it like a philosopher." "*In certes unitas, in dubiis libertas, in omnibus charitas*," must be our motto before any great good can come from further controversy.

It is not my purpose, therefore, in introducing this subject, to cast an apple of discord into this Society, neither, above all things, to renew the seemingly "arrestible conflict" between the "high" and the "low"—between the single dose and the many. I desire to state, as briefly as I may, my own methods in prescribing, the result of fifteen years' experience and watchful observation ; and I do this, if it may be, to aid some other worker in the same field of labor.

In order to give a fair understanding of my present position, I should state some facts regarding my place of business, my surroundings, and the class of diseases I have most commonly met with.

Montclair is a village of about six thousand inhabitants, situated upon the side of the Orange mountain, and from 250 to 450 feet above tide-water. It has no water supply nor system of sewerage. The water used for the ordinary necessities of life is supplied by cisterns and open wells, and lately, more largely by driven wells. From its location the natural drainage is excellent, and we have accordingly but very few malarious diseases. In fifteen years I have seen but seven cases of true abdominal typhus, though I have met a larger number of cases of the so-called typho-malaria fever. Even in this disease my experience is very limited. We have, as I think is usual in similar locations, a considerable amount of rheumatism in its various varieties ; also neuralgia, except malaria neuralgia, which is not common with us. Regarding the zymotic diseases usual in our climate, especially the diseases more common in childhood, I think we have neither more nor less than other New Jersey towns and cities. Now, regarding my own practice (I hope you will excuse the frequency of the "perpendicular pronoun," it seems to be unavoidable in a paper of this kind) I commenced practice with a perfect faith that the 30 potency and the single remedy in repeated doses was sufficent to all cases except, perhaps, in some severe acute diseases where the lower and lowest potencies were preferable. With boyish enthusiasm I expected to cure all curable diseases, and shall never know whether I was more surprised or hurt

when I found that I could not do it. Cases that seemed to me ought to recover promptly, wouldn't. Some of them died, to my utter amazement and chagrin. But I need not dwell upon this. It has been, I doubt not, an experience common to you all in some stage of your practice. Disappointment begot doubt, and doubt induced change. It was in the third year of my practice that I began to use the tinctures —first and second potencies almost entirely. In some cases I still used the higher dilutions, but these lower were my dependence in the large majority of my prescriptions. I usually repeated doses as before, if anything more frequently. My business, which had opened flatteringly, had continued to grow, but my successes were not more marked nor my failures less frequent than before. I was not satisfied. The remedy was hard to choose, and I had less time to study, being busier professionally and otherwise. Could my lack of what seemed to be the success possible to me be because I did not find the remedy? In the many cases where the choice was between two or three remedies, did I usually miss the better and hit the "worser"? Many physicians, successful and learned ones, in case of doubt gave both. Might it not be that I should gain by so doing? And so I gradually drifted into giving two, or even exceptionally three, remedies in alternation.

It is not my intention here to speak of this method of prescribing. The questions of potency and alternation I have avoided, and shall avoid, as far as possible; but I may say that my experience with alternation taught me that I cured my patients less frequently, less promptly, and never knew what cured them, whether one or both of the remedies given, or whether nature, kindly ignoring my well-intentioned blundering, stepped in and restored my patient to health. Now I returned to the use of one remedy at a time; and, using my best endeavors as to choice from the purely homœopathic standpoint, gave my next attention especially to the question of potency. The result of this has been that I am now in the habit of using the higher and highest attainable potencies, since I am sure from *my* experience—constituted as *I* am, arriving at the choice of the remedy as *I* do—I am more successful with these potencies. This much, simply that my position may be understood in the matter especially in consideration, viz.: the repetition of the dose. Perhaps from acuter powers of observation—perhaps from greater certainty in choosing the remedy as the results of added experience, I was surprised to notice that my patients under the action of the drug often became slightly better for a time and then lost all that they had gained, and even became worse than before. I say to my surprise; for although I had heard of aggravations from the homœopathic remedy, I had decided, long before I knew anything about it (a time, by the way, when our most uncompromising decisions are usually made), that this whole talk of aggravations from a potentized

drug was all "bosh." With all the stubborness which the unevolved mule in me could supply, I clung to this belief, to my patients' and my own cost. Forced at last to recognition of the fast that no drug homœopathic to a case was ever so diluted that an aggravation was impossible, I came at last, as a natural sequence, to watchful and careful investigation of the question of the repetition of dose. My experiments have been extended over seven or eight years, have been made usually with the high potencies, and have embraced all classes of diseases that I have been called upon to treat. I have given the single dose dry, that is, on sugar of milk, or upon pellets; the single dose in water; doses repeated dry; and doses repeated in water; and, as a result of these observations, I have come to the conclusion that if one was to ask me to-day which was the best way, I should in honesty be obliged to answer, "I don't know." Some few things I think I *do* know; and to the enunciation of these, as suggestions to other inquirers, has this paper been written.

1. When giving the single dose it should be given dry.

2. When giving repeated doses they should be given in water. I don't know why this is—have no theory of explanation; but I am sure that these are the better methods.

3. When you are giving your remedy in repeated doses, always stop it at once when you see a decided improvement, or on the slightest aggravation of the symptoms.

4. Never repeat as long as improvement continues, however slight it may be, or however slowly convalescence may progress. This, after the foregoing, may seem needless advice; but I am convinced that more mistakes are made by repeating after considerable time has elapsed since the last dose was given, and improvement seems to have become less marked, than in almost any other way. The temptation to hasten matters by another dose or two of a higher or lower potency is at times almost irresistible, and perhaps because this is my own besetting sin, I want to place right here a finger-post marked in large letters, DANGEROUS!

5. When improvement after the well-chosen remedy stops, and your study of the case shows that the same remedy is still indicated (which, in my experience, has not often been the case), give it in a different potency and give it in water, repeating frequently until you observe some effect; then stop, of course.

6. The more severe the disease, acute or chronic—especially those diseases which depend upon constitutional taint, syphilis, scrofula, psora, etc.—the more dangerous is the repetition of doses.

7. In acute cases where it is possible to see your patient frequently—in short, to watch for the first undoubted improvement or slightest aggravation—I recommend that you commence your treatment with

frequently-repeated doses ; but if you can not see your patient at short invervals, or if you doubt your power of observation, it is better to give the single dose and await developments. By frequently repeated doses, I mean a dose given every hour or two in acute, every two or four hours in chronic cases.

8. Never repeat at *long* intervals. If you repeat at all, repeat frequently until you see an effect.

Now, there is nothing new in all this—not one thing. I have, like Byron, "nothing original in me, excepting original sin." But, while these questions are undecided, the experience of every honest observer is valuable.

I am well aware that many of you will not agree with me in my position, but I beg of those of you who have not tried these methods and are not satisfied with your own, to give them a fair test and report your success, or lack of it, with them.

Again let me disclaim any desire to provoke unprofitable and bitter controversy, but rather to express my desire that we may have

> "Friendly free discussion, calling forth
> From the fair jewel Truth, its latent ray."—*Thompson.*

Montclair N. J.

GESTATING STAGE AND SUBSEQUENT ACCOUCHEMENT.

W. Irving Thayer, D.D.S., M.D.

MALCOM McLEAN, M.D., read a paper before the Obstetrical Society of New York, entitled : "Some Remarks on the Duties of the Modern Obstetrician." It was an erudite and valuable paper.

Prof. J. C. Wood expatiates upon the same in the October *Medical Counselor*, and formulates another useful and valuable compendium.

Dr. McLean says : The vast number of crippled women who bear the marks, frequently, of unskilled management, bear witness also to the fact that it is not only the uneducated midwife, the miserable charlatan, or the half-informed physician of meager experience to whom they owe their ill-fortune ; but the responsibility must be somewhat divided with practitioners of good standing.

Is there not some truth in Dr. McLean's criticism? Who's wounded ?

The writer knows of a certain practitioner who split the perinæum by the careless, ignorant use of the forceps !

"*Crippled women who bear the marks,*" unto this day !

Prof. Wood deduces from Dr. McLean's paper some of the following :

1. "The physician ought to have frequent observation of the patient

for some months before parturition, so that he can examine urine for casts and albumen to the intent that any anticipated nephretic troubles can be provided against." A good suggestion if there is reason to suspect dangers in this direction.

2. "The food of the pregnant woman should be nourishing, digestible, and contain a fair amount of phosphate of lime,"—why, especially, the *phosphate*—"to supply the osseous foundations in the fœtus, and at the same time, to some extent, to prevent the unusual decay of the mother's teeth."

The phosphate of lime is called for, why not the carbonate also?

Neither Dr. McLean nor Prof. Wood stop to enlighten us.

The fact is patent, that the bones of man demand very nearly five times more of the phosphate, than of the carbonate of lime. If they demand, they must have. That demand can be satisfied only by food that *contains* the substance demanded! Berzelius says that the bones of man contain:

Cartilage (gelatin) completely soluble in water	32.17
Vessels	1.13
Neutral phosphate of lime	51.04
Carbonate of lime—(note!)	11.30
Fluoride of calcium	2 00
Phosphate of magnesia (phosphate again)	1.16
Soda, with a trace of the chloride of sodium	1.20
	100.00

The Professor makes Dr. McLean say, that "the pregnant woman should be nourished" by food "that contains a fair amount of phosphate of lime." Now, pray, from what source is she going to get such food, becomes an interesting and legitimate question. It is well enough to theorize, but these gentlemen do better than that, they have their arguments turned well into the road of hard facts, when they both know, as every observing physician must have seen, that something must be done "to prevent the unusual decay of the—pregnant—woman's teeth!" but neither of the gentlemen help very much "the vast number of crippled women who bear" *these fearful! dental* "marks," to wit: a mouth more or less full of broken-down, rotten, and putrid teeth.

The medical man acts as though such a condition, such "*marks*," was no concern of his, while a truly interested man ought to be as solicitous for the welfare of the oral cavity as he would be to repair a split perineum or to stitch up a divided os.

"The food of the pregnant woman should be nourishing, digestible, and contain a fair amount of the phosphate of lime." Why? Why is such food necessary? Both gentlemen concede, to supply the osseous

foundation of the fœtus, . . . and *prevent* the unusual decay of the mother's teeth. How about the child's future teeth.

Such a supply can not get to the fœtus, save but through the *funis umbilicalis*, and can get into the latter channel in *sufficient quantities, only*, upon condition that the mother eats such "phosphate of lime," and the same is fully digested and prepared for fœtal assimilation.

Beef, mutton, chicken, fish, sugar, milk, Boston crackers, white wheat bread, corn starch, tea, coffee, farina, all of the green vegetables as usually prepared and eaten, can not by any means furnish to the "osseous foundations" the needed "phosphate of lime."

The "osseous foundations"—bones—are not the only tissues that need the lime salts, by any means.

All of Wilson's classified eighteen tissues, even the corpuscular texture as the lymph and chyle, and the refracting tissues, the lens of the eye, not to mention the muscular "foundations," which require fully 20 per cent. of calcareous matter to give them normal tonicity, while the petrous tissues, the *invaluable teeth!* require as large a total as 80 per cent. of earthy matter to make them normal and to do reasonable service.

The enamel requires 96 per cent., the dentine 78, and the cementum 67 per cent. of the organic substances.

Now, since none of the above-enumerated foods can supply a sufficient amount of the lime salts, on account of not possessing such deposits themselves, it remains to inquire, is there any special food that will prevent these dental "marks" upon the mother and furnish good building material for the fœtus?

Yes!

Such deposits rest lengthwise, across and between the interstices of the network of the immediate environment of all of our cereal foods. *In the bran!* In the *whole* of the wheat, the corn, the oat and rye. Sparingly, very, indeed, in the middle of the grain, in its starchy portions.

If the bones which contain but 67 to 70 per cent. of lime salts require "a fair amount of the phosphate of lime," what, pray, are the needs of the petrous tissues that *demand* not less than from 80 to 82—average—per cent. of the inorganic constituents? If the teeth do not get such pabulum, what can be the result?

A horse or dog fed exclusively on *bolted* wheat flour, or food constructed out of such a material, will cause at the end of forty days, a demand for another dog, or horse, to supply their place. The same will be true if the experiment is tried upon animals of the human variety.

If facts like these have any instruction to profit by, it is that the pregnant woman, the babe, the child, the youth, and even they of maturer years, should eat largely of their bread foods that have not had

their *great essentials bolted* out of them, and nothing left in them but the effeminate starch and a greatly reduced proportion of nitrogenous matter.

Eat the *whole* of the grain, and of that liberally, not alone for the benefit of the "osseous foundations" and the petrous tissues, but it is profitable for the pregnant woman to develop as strong and firm a uterine muscular tissue as possible, to the intent that its tonicity, its *quality* of muscular fiber, may be able to bear its state of action during the process of gestation, reducing any excessive irritability and reflex exasperations, and to provide a uterine muscular tissue that shall be able to carry its contents up to full term, and then by its graceful physiological action have sufficient parenchymatous texture to naturally contract and expel its contents, secundines and all!

That is one way to practice "meddlesome midwifery," and immensely benefit the patient and the new-born babe for the term of the latter's natural life.

"Subsequent accouchement" is quite as fully influenced by the previous course of food treatment as are the osseous and petrous tissues.

It is too evident to require proof, that it is impossible to build up uterine walls upon starch and glucose.

It is not claimed that there is no calcareous matter in some portions of the first list of food given; but it is claimed, most emphatically, that there is *not enough* of the inorganic constituents in such food to supply the three important tissues, to wit, petrous, osseous and muscular textures, with a sufficient amount of such pabulum, to get the best type or a reasonable constitution in such tissues.

Such *necessary constituents* can *only* be found in *sufficient quantity* in the coarser product of our grains, where the Almighty has put it where it is easily divisible, so that it can be easily digested, readily absorbed into the circulation, and then appropriated by the hungry and needy tissues.

Breads constructed out of two-thirds of the wheat *meal* and one-third of bolted flour is the best combination for wheat bread. Boston brown bread, made half-and-half of Indian (corn) *meal* and rye *meal;* steamed or boiled oat *meal;* the *skin* of baked potatoes, and baked beans, furnish the lime salts in a goodly proportion.

The teeth have over ten times more of the phosphate than of the carbonate of lime, while it will be remembered that the bones proper require but a little less than five per cent. *Dum vivimus vivamus!*

89 South Portland Avenue, Brooklyn, N. Y.

THAT IPECAC CASE.

By Dr. E. J. Robinson.

IN the November number of this journal Dr. Kraft reported a case of intermittent fever, which (after using several other remedies unsuccessfully) he cured by ipecac, prescribed, as he frankly admits, empirically.

He says, to quote literally, "The marvel to me is, that with china (or arsenicum) so undoubtedly indicated, and with *no characteristic of ipecac present*" (the italics are my own), "how ipecac, given empirically, could cure." And a little farther on occurs this language : "I must insist that no ipecac is to be found in the case from beginning to end."

As he closes his article with the query, "Why did ipecac prove curative ?" I conclude that an answer from any source will be in order, and welcomed by him. Again, I should exceedingly regret that any of the readers of the Homœopathist should be left to infer that any drug can act curatively, which is not homœopathic to the disease for which it is prescribed. Therefore I shall attempt to point out, briefly, that in the case reported by Doctor Kraft, though ipecac was *prescribed empirically*, it *acted homœopathically*, and hence curatively.

Taking up the first symptom in the case, "chill every day which began at noon," we find it covered by ipecac, which has chill from 9 A.M. to 3 P.M. In symptom number two we have a characteristic, viz., "the chill was succeeded by a long, lasting fever followed by a slight sweat." Cowperthwaite's Materia Medica, which gives only "characteristic" and "grand characteristic" symptoms, gives this kind of fever under ipecac. (Also Lilienthal's Therapeutics, and Hering's Guiding Symptoms). Passing on to symptom number three, we strike another characteristic of ipecac, in the "aversion to both food and drink," during all three stages of the paroxysm. Lilienthal, under Intermittent Fever, Characteristic Symptoms, gives only three remedies (ant. c., ipec., nit. ac.) having absence of thirst during the three stages. Pulsatilla has thirstlessness, if the hot stage be absent or only feebly present. Passing over, for the present, the next few symptoms in the record of the case, and which are concomitants, we come to the next, and last, symptom directly relating to the character of the chill : "chill begins in back, and sometimes in neck ; at other times in lumbar region." In Hering's Guiding Symptoms may be found, under the fever symptoms of ipecac, "chill begins in back and spreads over the whole body."

Now, in regard to the remaining symptoms of the case, which are all concomitants, it will be found, by careful comparison of remedies, that ipecac covers the ground as well as, if not better than, any other drug. It covers the "pains in the back," the "severe pain in the right

hip and calf" ; the "anguish and restlessness"; "aggravation from lying down" ; "irritability" ; "enlarged liver and spleen" ; "moist tongue" ; the "turbid urine with brick-dust sediment" ; the "sleepiness" (even to stupor, during fever), the "extreme prostration, weakness, and trembling" (fully covered by this symptom of ipecac in Hering's Guiding Syn ptoms : Extreme prostration and exhaustion ; seemingly the last straits of vitality are reached) ; and, lastly, the symptom, "when in bed, raising the bed-clothes causes a chill," is met by the ipecac symptom, "Over-sensitiveness to heat or cold."

Query : Why did ipecac prove curative? Answer : Because it was homœopathic to the case.

Syracuse, N. Y.

BRIGHT'S DISEASE AND CLIMATE.

BY JAMES C. WILSON, M.D.

(Read before the American Climatological Association.)

THE relation of climate to Bright's disease is twofold, causative and therapeutic.

All authorities are of accord as to the part played by cold and damp, and especially by sudden cold and damp, in the production of acute nephritis. The casual influence of vicissitudes of weather, and therefore of cold, damp and changeable climates on the production of the subacute and chronic forms of nephritis, is less obvious. Bright's disease is peculiarly an affection of temperate climes, but when we take into consideration the importance properly assigned to modes of life, occupation, diet, alcohol, nervous influences, hereditary gout, and lead in its causation, we can not but be impressed with the long recognized fact that in whichever direction we leave the temperate zone we find a decided and rapid diminution in the frequency of this disease.

Hirsch calls attention to the infrequency of albuminuria in sub-tropical and in extreme northern countries. Dickinson, who has carefully investigated the subject, fully confirms this view from an analysis of the statistics of the British Army Medical Reports for eight years, from 1865 to 1872 inclusive. These statistics are of peculiar value, as they represent the frequency of renal affections in bodies of soldiery in every climate and at every season during the same period of time. The observations are drawn from considerable numbers of individuals of the same race, age, occupation, and habits, living under nearly similar conditions, under the observation of trained observers and with a uniform system of recording facts. They are perhaps vitiated to a certain extent by the effort which has been made to secure accuracy by eliminating from the conclusions the influence of syphilis. Dickinson found

that in British America, with its low average and great variability of temperature, renal disorders are nearly as frequent as in the United Kingdom. In Newfoundland, with its exceptionally humid climate, these disorders, so far as regards the limited number of troops there stationed, appear to be even more common than in the British Isles. With the higher temperature of New Zealand, renal disease becomes less frequent, and is least so on the sub-tropical shores and islands of the Mediterranean, and in the solitary outposts of Mauritius and Bermuda, where a tropical or nearly tropical climate is tempered by a vast circumference of ocean. It is to be noted also that the Cape of Good Hope and St. Helena were comparatively free from renal affections. This accomplished observer also informs us that as the result of an analysis of the published registers of the causes of death, the comparatively cold cities of Great Britain and Australia show a remarkable liability to renal diseases. Paris, though not differing very much in temperature from the more fortunately situated of these cities, has a smaller proportion. Genoa, with its sub-tropical climate, has an almost complete exemption. He found that in the year 1863, in England, one death in 106 was due to this cause ; in Scotland, one in 109 ; in Wales, one in 131. Of the several divisions of Scotland, in the mainland rural districts one death in 103, in the towns one death in 112, and in the insular rural districts one death in 188.

The Shetland Islands with an almost arctic climate, enjoy an immunity from the disease not approached by any other part of the kingdom, especially in Scotland, where the climatic differences are much more marked, there is a striking general correspondence between the amount of renal disease and the changeability of the climate. He found that in the Southern hemisphere exposure to a similar climate is attended with the same results. In Melbourne, with a mean temperature of 57°, renal affections are scarcely less common than in London. This appears from the results of general registration, while the mortality from kidney disease in the Melbourne City Hospital, one in thirteen, is much what occurs in similar institutions in England.

On passing the mean of 60° F., the frequency of renal disease displays an extraordinary diminution. "Renal diseases, putting aside that of lardaceous origin, are the compatriot of wheat and barley rather than of the vine and the olive. They abound wherever the climate, however cold during the winter, is warm enough in the summer, as in Canada, to bring wheat to perfection, and become scarce where oranges and lemons grow, and where deciduous trees, as generally characteristic of the scenery, are replaced by palms and other tropical endogens. In other words, it prevails wherever the heat for a considerable portion of the year is what would ordinarily be called temperate, whether usually so, as in Great Britain, or so for a large period of

the year, as in British North America, where comparatively mild weather divides the year with continous frost."

Dr. Dickinson's researches further show that with tropical heat renal disease increases. They also confirm the opinion generally entertained, that the prevalence of these affections is promoted by frequent and abrupt changes. On the western coast of Scotland, where there is scarcely heat enough in summer to ripen wheat, but where the winters are warm from the influence of the Gulf Stream, so that a very uniform temperature prevails throughout the year, "renal disease is not half so frequent as on the eastern side of the kingdom, where the weather is both clearer and healthier than on the Atlantic shore, but undergoes much larger and more frequent variations."

The records on which these conclusions are based do not permit of a distinction between the acute inflammatory affections of the kidneys and the more insidious and chronic forms of Bright's disease.

I am not aware that similar investigations on a large scale have been made in this country. Without doubt an analysis of the records of the great life insurance companies, as regards the proportion of applicants rejected on account of Bright's disease and of deaths due to this cause, would shed much light not only upon the influence of climate, city and rural life, occupation and other important factors in the causation of this disease, but would also yield important facts in regard to the duration of the disease under varying circumstances.

Experience has abundantly proved that climate exerts an influence upon the course and duration of chronic forms of Bright's disease scarcely less important than in its causation. The concurrent testimony of all observers who have given their attention to the subject of the climate treatment of Bright's disease, points to the salutary influence of prolonged residence in favorable sub-tropical regions, especially in cases where the disease has not yet made much progress. The late Professor Flint laid great stress upon the importance of a change of climate in chronic Bright's disease. Professor Loomis has emphasized it in his lectures and writings. Tyson and Purdy dwell upon it with a positiveness not found in the earlier writers. Dr. Dickerson goes so far as to say that "the advantage to be expected from a change of sky is at least as great in renal as in pulmonary disease. Cure is a word to be used with caution, but I have seen little less, the albumen reduced to a trace, and perhaps that inconstant,and the general health brought up almost to its original level." Dr. George Johnson writes: "Among other remedial agencies when acute renal disease is prolonged and threatens to become chronic, change of air and scene is often highly beneficial. Residence during the winter season in a warm, dry, equable climate, such as may be found at Cannes, Nice, Mentone, and Algiers, has in many instances been attended with highly beneficial results. The bright, warm

sun and dry, invigorating air favor the action of the skin and of the bronchial mucous membrane; the patient is able to be much in the open air, and thus the respiratory, the digestive, and the secretory functions are all assisted and promoted. I have seen some most remarkable recoveries effected under the influence of a long voyage after other means had failed to effect a cure."

On the other hand, the climate treatment of Bright's disease seems to have been strangely overlooked by teachers of influence and authority. No reference is made to it in Bartel's article in Ziemssen's Encyclopædia, nor in that of Delafield in Pepper's System, nor in that of Grainger Stewart in Quain's dictionary, recent works of reference on the shelves of practitioners; while the text-books in the hands of medical students, references to the influence of climate in the causation and treatment of Bright's disease are rare and brief.

The most desirable climates are those which combine the attributes of evenness, dryness, and warmth with a mean range of temperature between 60° and 65°. On the North American continent, a number of stations in the southern interior meet these iindications. Among these are Thomasville and Tallahassee. The stations in the interior and on the Gulf coast of Florida are well suited to this class of patients. Southern California has several suitable stations. Nassau and Bermuda are also to be recommended. The stations on the Mediterrean coast offer especial advantages as winter resorts for patients suffereing from chronic Bright's disease, while Algiers, Cairo, and the Cape of Good Hope are also favorably spoken of.

This paper would have occupied your considerate attention to little purpose, however, had it contained nothing beyond the familiar facts already mentioned. In availing ourselves of the advantages of the climate treatment of Bright's disease, we must not overlook the dangers of abrupt changes of climate and of the vicissitudes of travel in patients in whom the disease has already made some progress. It is with the view of eliciting discussion and obtaining the results of the experience of my colleagues in this Association that I submit certain conclusions drawn from my own experience; and, with the view of saving time, I venture to embody them in the form of the following propositions:

First: The best results of climate treatment in Bright's disease, as in phthisis, are obtained in the early stages of the affection, and by continuous residence. After the general health has become seriously impaired, an amelioration of the symptoms is all that can be hoped for. Alternations of climate, especially those necessitating long and fatiguing journeys by rail, are attended with the danger of uræmia.

Second: High altitude climates, even when presenting the conditions otherwise favorable, are unsuitable for this class of patients. Uræmic attacks and cardiac failure not infrequently shortly follow change of

residence from low to high altitude—differences of three thousand feet or more.

Third : The conditions of North Atlantic steamship travel are often highly unfavorable to those suffering from advanced Bright's disease ; especially is severe and prolonged seasickness liable, in these cases, to terminate in fatal uræmia.

WASHINGTON, D.C.

AMERICAN INSTITUTE OF HOMŒOPATHY—FORTY-SECOND ANNUAL SESSION.

EDITOR AMERICAN HOMŒOPATHIST : The forty-second annual meeting of the American Institute of Homœopathy will be held at Hotel Lafayette, Lake Minnetonka, a few miles from the Twin Cities, St. Paul and Minneapolis, Minnesota, beginning Monday evening June , and continuing until Friday night, June , 1889. Details of the arrangements will, from time to time, be furnished to the homœopathic journals for publication. The proper committees are actively engaged in securing such arrangements as will assure the success of the convention and the enjoyment and advantage of those who attend it. The Local Committee of Arrangements and other resident physicians of Minnesota are planning to secure the attendance of as large a number of lady friends of the Institute members as possible.

The especial object of this notice is to direct the attention of the Institute, and particularly of bureau members and committeemen, to the fact that one-half of the year allowed for preparation has already expired. While some of the bureaus and committees have fully matured their plans, and many of their members have their work well under way, the preparatory labors of others are not yet begun. Thus far the Secretary has received reports of progress from bureaus and committees, in effect as follows :

The Bureau of Materia Medica reports that some of the members have held conference meetings and are engaged in preparing materials for illustrating the pathogenesis of iodine and its salts. Others have promised important literary contributions to the same subject.

The Bureau of Gynæcology is preparing four papers on Urethritis and Cystitis (in the female) and has selected a member to open the discussion on each paper. The chairman requests a general decision based on professional experience, and says, " Everything justifies the hope of a full and good report."

The Bureau of Psychological Medicine will report on " Agents for the Creation and Development of Will-power," and expects to present at least nine papers on various sub divisions of this topic. Some of these papers are now in preparation.

The Bureau of Obstetrics is engaged upon the general subject of Puerperal Complications. Several members of the bureau are already at work upon their assigned subdivisions.

The Directors of Provings have adopted as their work for the year Critical Analyses of the Provings presented at the last session ; and for this purpose a set of rules has been elaborated under which the mem-

bers of the committee will determine the value of such provings, each member applying the rules according to his own convenience.

Certain other bureaus are also engaged in the preparation of their essays, though formal reports of progress have not yet been received, and the same is true of some of the more important committees. Still other bureaus, it is known, have not yet completed the preliminary portion of their annual labors. As information is received from them it will be sent to the journals for publication.

The Secretary may be pardoned for suggesting that papers be completed early and copies made and submitted for examination to those likely to participate in the discussion thereon, these adding to the interest and profit of the Sectional Meetings. These copies could then be sent to such journals as their authors might select, thus securing their wider publicity, yet without interfering with the prompt publication of the Transactions.

Respectfully,

PEMBERTON DUDLEY.

Southwest corner Fifteenth and Master Streets, PHILADELPHIA, Pa.

SUPPLEMENTARY NOTICE.—As a further announcement respecting the Institute Session of 1889, I have to report as follows :

The Bureau of Surgery has received assurance of aid from a number of our distinguished surgeons, and will present a series of papers on "Surgery of the Brain" including Cerebral Localization ; Symptoms of Cerebral Tumor—its Diagnosis and Treatment ; Abscesses ; Gunshot Wounds ; Tumors of the Dura Mater ; Compound and Depressed Fractures ; Epilepsy from Fractures, and Indications for Trephining.

The Bureau of Pædology has promise of active aid from several coworkers in that department, and is encouraged with prospects of a good report on "Preventive Medicine in Pædology."

The Bureau of Obstetrics is engaged on a report which will embrace nine papers relating to "Puerperal Complications." All these papers are to be the work of well-known obstetricians.

Encouraging reports are being received from individual members of the Bureaus of Clinical Medicine, Sanitary Science, Ophthalmology and Gynæcology.

The Committee on Medical Education will present a careful report, embodying the views and suggestions of its various members. There will be no separate papers.

Notice is also given that as the chairman of the Committee on Pharmacy has resigned—involving also his withdrawal from the Committee on Organization of Provers' Clubs—the President has appointed, as chairmen of these committees, Drs. T. F. Allen of New York on the former, and C. Wesselhoeft of Boston on the latter. Those having business with these committees should note the fact.

PEMBERTON DUDLEY.
General Secretary.

IN MEMORIAM.

On Sunday the eleventh day of November, 1888, death suddenly removed from this earthly existence Doctor William R. Childs, one of

the most faithful and highly esteemed members of this Board, and for many years its secretary.

It, therefore, is fitting that the Medical Board of the Homœopathic Hospital of Pittsburg, Pa., give expression to the profound grief felt at this sudden taking off of one of our most valuable members—one of the most regular and punctual in his attendance at the meetings of the Board,—nothing but sickness ever kept him from his place at the secretary's desk,—one of the most faithful and kind in his attendance on the sick and injured under his care in the hospital, and one of the most genial and friendly in all his intercourse with his fellow-members on this Board,—and that we place on record a lasting testimonial of our regard for and love of Dr. William R. Childs.

Therefore, *Resolved*, That by his death the Medical Board of the Homœopathic Hospital of Pittsburg has sustained a loss that words fail to express; that the surgical staff has lost one of its most skillful, careful, and successful operators,—always punctual, exact, and methodical in every detail, gentle but firm, kind but impartial, true to the trust reposed in him. That the medical profession has lost a scholarly, dignified, and conscientious physician, and a brave, skillful, and successful surgeon; that his orphaned children have lost a kind, loving, and indulgent father; and that the community has lost a whole-souled, unselfish, genial man.

Resolved, That we tender to the bereaved family of Dr. Childs in this their hour of affliction our sympathy and our condolence.

Resolved, That this testimonial be entered upon the records of the Medical Board of the Homœopathic Hospital of Pittsburg, and a copy thereof, suitably engrossed, be placed in the hands of the family of our late fellow-member, and also copies be sent to the medical journals of our school.

Resolved, That as a final tribute and token of love and respect, the Medical Board attend the funeral in a body.

"He was a man, take him for all and all,
We shall not look upon his like again."

W. J. Martin, M.D.
M. J. Chapman, M.D.
W. F. Edmondson, M.D.
Committee.

BOOK REVIEWS.

The Medical Graduate and his Needs. By George C. Wellner, M.D. Detroit: George S. Davis.

By no means a recent publication, but so excellent that a good word spoken for it will not be out of season.

Dr. Wellner has given the recent graduate 100 pages of good practical advice, such as he could not glean from his books or his teachers though he were ever so diligent. Though written for the dominant school, with but few exceptions it is so apropos that we have no hesitation in recommending it as a valuable adjunct to the junior medicos. A blue pencil may be judiciously drawn through the little fling at homœopathy found on page 67; or it may be left standing, as it can not do aught but excite the risibilities of the well-grounded homœo-

path. The advice given touching the examination of patients, what necessary instruments to purchase, how to forecast a prognosis, is truly fine. The little brochure is marred here and there with bad spelling. It is in shape suited for an inside coat-pocket. We are much pleased therewith.

UNE LEÇON DU DR. CHARCOT À LA SALPÉTRIÈRE is a handsome photograph on board 14 x 18 depecting this renowned gentleman in the midst of a clinic at this famous hospital, surrounded by over twenty well-known physicians, all intent in various poses on what is being said concerning the case on hand—a girl in opisthotonos. The photograph is lifelike and animated, the arrangement of the details of the room tables, bier, apparatus, charts, etc., fine. The central figure, of course, and on whom all eyes are riveted, is Dr. Charcot who stands in an easy posture, the right hand employed in the familiar gesture of emphasizing some statement of fact, the left hand supporting the unconscious patient. This photograph is from Geo. S. Davis, Detroit, Mich., and will make a handsome ornament framed to any doctor's office.

HEADACHE AND ITS MATERIA MEDICA. By B. F. UNDERWOOD, M.D. New York: A. L. Chatterton & Co. 1889. Pp. 212. Cloth, $1.25.

A handsome volume, neatly bound, good type and beavy paper favorably inclined us to its contents before having taken more than a stroll through its pages. Dr. Underwood's contributions to homœopathic literature are uniformly good; and his latest is no exception to the rule. He devotes a number of pages to a division of the topic into the pathological forms, of which, by the by, we consider the space given to reflex and dyspeptic headaches exceptionally well filled. The remedies are given after the therapeutic fashion of other monographs—the leading indications with typical cases, when these were obtainable, with proper credits. Not the least part of the volume, in fact, owing to the peculiar arrangement of the remedies, which seem thrown in at random and not alphabetically, is the repertory at the back. No explanation is anywhere given of this arrangement of the remedies; neither is there any index,* so that a study of any remedy independent of a given symptom as a guide appears impracticable. The work is a valuable one and will take its place with Bell, Allen, Perkins, Strong, Lee, Guernsey, Conant, and other good books and true. It differs essentially from Neidhard in that the latter is exclusively, we may say, a repertory, while Underwood gives the therapeutics and materia medica in extended form. We find the indications given reliable, though in some few instances a trifle scant. The homœopathic practitioner will do well to purchase the book.

FAULKNER'S VISITING LIST FOR 1889, published by Boericke & Tafel, has been at hand for quite a little time. This is not a new venture, and its former value so well known, that there seems to be no need to enlarge upon its very patent merit. It is good and safe.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS, WITH NOTES ON TREATMENT. Compiled from the Published Writings or Unpublished Records of Drs. Fordyce Barker, Roberts Bartholow, Samuel D. Gross, Austin Flint, Alonzo Clark, Alfred L. Loomis,

* This has been supplied in a second edition just issued.

F. J. Bumstead, T. G. Thomas, H. C. Wood, Wm. Goodell, A. Jacobi, J. M. Fothergill, N. S. Davis, J. Marion-Sims, Wm. H. Byford, L. A. Duhring, E. O. Janeway, J. M. DaCosta, J. Solis Cohen, Meredith Clymer, J. Lewis Smith, W. H. Thomson, C. E. Brown-Sequard, M. A. Pallen, Geo. H. Fox, W. A. Hammond, E. C. Spitzka, etc., etc. By B. W. PALMER, A.M., M.D. New, enlarged and revised edition, with blank pages interleaved in its several departments for registering formulæ worth preserving. In one large octavo volume, 256 pages. Handsomely bound, $2.75. E. B. Treat, Publisher, 771 Broadway, New York.

This volume, the twelfth in the series of Medical Classics, is of the usual excellence with all works coming from this enterprising and painstaking publisher. It may be of service to the homœopath in some minor essentials; but as a text-book of value he can have no need for it, as homœopathy does not use prescriptions in the sense that this volume is compiled. Even a cursory review of its pages carries conviction that it contains the latest and most approved medicament of the old school, with which school the work will doubtlessly find favor.

AMERICAN RESORTS; WITH NOTES UPON THEIR CLIMATE, by BUSHROD W. JAMES, A.M., M.D., is now in press by The American Biographical Publishing Co., and will be placed upon the market. We look forward with some curiosity to this promised book, being, however, assured in advance that Dr. James has acquitted himself creditably in this as in his preceding literary contributions.

THE EAR AND ITS DISEASES, BEING PRACTICAL CONTRIBUTIONS TO THE STUDY OF OTOLOGY. By SAMUEL SEXTON, M.D., Aural Surgeon to the New York Eye and Ear Infirmary; Fellow of the American Otological Society; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of New York, and the Practitioners' Society of New York. Edited by CHRISTOPHER J. COLLES, M.D., Assistant Aural Surgeon to the New York Eye and Ear Infirmary. With numerous Illustrations. New York: Wm. Wood & Co. 1888. Pp. 450.

The author states that he has not endeavored to embrace the entire field of otology, but that the particular subjects treated may be of service to the practitioner as well as the specialist. Without a doubt he has presented us with a valuable addition to the literature of the ear, one which will not fail of ready acceptance by both schools. The First Part is devoted to a consideration of the anatomy and physiology of the auricle, external auditory canal, and contiguous parts; while the remaining parts treat of the diseases, wounds and injuries of the ear, with treatment. In this part we wish to call special attention to chapters IV. and X., which are filled with clinical cases on gunshot, sabre, and arrow wounds; blows upon the ear with the open hand and fist; blows from missiles; falls upon the ear; concussion from the blast of projectiles or great guns; from the blast of small arms or small explosives; from long continued musketry fire, rapid-firing machine guns; impact of steam whistles, loud voises or other intense sounds, as metal hammering; by contusion or penetration of objects thrust into the ear; by violent enterance of water in syringing the ear and in surf bathing; by violent traction on the auricle; by sudden condensation of air in the drum.

A number of instances are given when "boxing" the ears or pulling them has resulted in deafness—clearly pointing out the dangers of the practice. These two chapters are priceless as clinical instruction, and may be perused time and again by the practitioner with benefit. Chapters XVIII. and XIX. treat of deafness in schools—scholars and schoolteachers. While the closing chapters speaks of the claims of soldiers, sailors and marines for pensions on account of disability from deafness.

These chapters we have read and enjoyed. They are replete with instruction and deserving of several readings.

The book—the mechanical part—is in the usual excellence of William Wood & Co., who seem to have reached as near perfection as it is possible in our age.

Headache, Neuralgia, Sleep and its Derangements, and Spinal Irritation. By J. Leonard Corning, M.A., M.D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of the New York Academy of Medicine; member of the New York Neurological Society, etc. Nearly 300 pp. Price $2.75. Uniform in style with Medical Classics. E. B. Treat, publisher, 771 Broadway, New York.

Dr. Corning has enriched medical literature by this his latest contribution. Unquestionably this volume is a valuable one for the student and practitioner of our own or any other school. His chapters on neuralgia are as interesting as they are instructive. The appliances for locating, and locally treating, this most obstinate of human ailments merits great praise. It is the hand of a master dealing with a subject that is familiar. We had thought to quote from some of his statements in this review, but could not do it justice in the little space assigned for this department; but we shall assuredly give frequent extracts in our *Globules*. Without making an invidious comparison, we wish to say that Part V., Normal and Morbid Sleep, was to us one of the most instructive parts of the volume. We have no hesitation in saying that Dr. Corning's work is an apt companion book to Neidhard's recent publication. We believe the two can be well studied together by our school of practice, and with profit.

Alden's Manifold Cyclopædia. Vols. II. & III., America—Baptisia. John B. Alden, publisher, 393 Pearl Street, New York.

These are two really handsome volumes, averaging 650 pages each, half-morocco binding, large type, profusely illustrated, and yet sold for the almost unprecedented price of 65 cents each. It is to be complete in about thirty volumes.

It seems difficult to restrain our encomiums when treating of a work so finely done as is this cyclopædia. It is truly *multum in parvo* (if we may lapse into a foreign tongue for a moment), for it deals with all known topics—lexicography, biography, science, the arts—in short, it is what a encyclopædia is usually supposed to be—a circle of knowledge. The information gleaned is in such condensed form that for quick reference it is unexcelled. Medical terms are given with pronunciation; plants are pictured and described; gems from all countries are incorporated. We know of no work or series of works, short of his medical books, that the physician could add to his library, which would give such uniform satisfaction.

Wood's Medical and Surgical Monographs, published monthly by William Wood & Co., 56 and 58 Lafayette Place, New York, at $10 per annum, or single copies $1, has thus far appeared in two numbers, each containing between two and three hundred pages, and bound in heavy paper. Contents of Vol. I are : The Pedigree of Disease ; Common Diseases of the Skin ; Varieties and Treatment of Bronchitis ; of Vol. II : Gonorrhœal Infection in Women ; On Giddiness ; Albuminuria in Bright's Disease ; all by authors famous in their several specialties.

The several monographs are meritorious in that they are brief without being deficient, and cheap in price without being worthless. The type is good and clear and the style of binding equal to the usual cloth, without the great expense of the latter ; and, as some book-men prefer to have their libraries in uniform color and dress, this leaves it open to have the monographs uniformly bound. The descriptive matter is in the form of lectures, each lecture subdivided into convenient chapters, and each chapter devoted exclusively to some particular branch of the lecture. Thus we find fourteen lectures to Dr. Ferrand's "Clinical Lectures on the Varieties and the Treatment of Bronchitis"; seven lectures on "The Treatment of the Common Diseases of the Skin," by Robert M. Simon, M.D., Cantab., M.R.C.P., London, Senior Assistant Physician to the General Hospital, Birmingham. "Gonorrhœal Infection in Women," by William Japp Sinclair, M.A., M.D., Hon. Physician to the Manchester Southern Hospital for Women and Children and the Manchester Maternity Hospital, etc., etc., contains six chapters.

The latter presents the subject after dividing it into three convenient historical periods : (1) Before Noeggerath's treatise appeared ; (2) Noeggerath's work and immediate influence ; (3) Neisser's discovery. After carefully reading this paper, and excepting a few pages devoted to the treatment, we are convinced that it is an exceedingly valuable one, treated of in a scientific manner, by one familiar with his topic, and very evidently desirous of instructing his readers.

Common Diseases of the Skin is likewise finely presented, though marred not a little by the frequent interpolation of the omnipresent ointment prepared from divers pharmaceutical sources. But here, also, the descriptive matter is good, and will repay a careful reading. To speak in detail of the other papers would be beyond our present purposes which is mainly to call attention to this new departure of this well-known publishing house, and to commend the monographs as valuable acquisitions to the medical library. We doubt not, if the present excellence is made a prominent feature of the remainting numbers, that no homœopath will regret having subscribed his money for the volumes.

Transactions of the New Jersey Homœopathic Medical Society : being papers read before the Society at Atlantic City, Oct. 5, 1887, together with selected papers read at previous meetings. Newark, N. J., 1888, pp. 132.

From this volume we learn that Homœopathy was introduced into New Jersey in 1835. Of the nine surviving members of this pioneer corps, two were present at the formation of the American Institute of Homœopathy in 1844. From one of these, Dr. Walter Ward, it is

learned that when he first settled in New Jersey, and for ten years afterward, all homœopathic physicians (who had not previously practiced under a diploma from an allopathic medical school) practiced at their peril : they had absolutely no legal protection and were unable to collect their fees in court ; in addition they were liable to a fine of twenty-five dollars for every prescription they made ; and any one feeling himself aggrieved could cite them before a magistrate and have half the fine for complaining against them. From this time on the history of this State as detailed by Wallace McGeorge, M.D., is the usual aggressivism of the old school, and the slow but sure supremacy of Homœopathy. Although the State society was formed in 1854, it took but little hold upon the profession, and it fluctuated between life and death until toward the close of the sixties, when it finally took definite form, became incorporated, and has been a flourishing body ever since.

The selection of papers is a really good one : there being, so far as we now recollect, and we read them all, not one that is not worthy of a second reading and its excellencies transference to our text-books. "Obstetric Materia Medica," by Clarence M. Conant, M.D., is a jewel ; it compresses within a few pages enough obstetrical therapeutics to pay for a commitment to memory. It is well presented. "Indications for a Few Remedies in Heart Diseases," by W. McGeorge, M.D., is another bijou. "The Repetition of Doses," by Clarence W. Butler, M.D., needs only to be mentioned as in that author's usual instructive vein to entitle it to a prompt reading, and Dr. J. E. Winans' "Brief Notes on Materia Medica," treating of tobacco chewers and users' dyspepsia, is another star in this constellation. He treats of apocynum, cannabinum, lycopodium, nitro-muriatic acid, and incidentally gives a masterly comparison of nux vomica and carbo veg. "Ophiotoxicon," by J. Newton Lowe, M.D., is a fine specimen of essay, but, we believe, too "learned" for current work ; it fails to carry out the splendid simplicity of language and thought evinced in other of the papers. Thus we read : "Furthermore, that the vital dynamis of the life-force summons to its aid the essential absorptive material-vital juxtaposites and elementary natural correspondences, which form the texture of its vital dynamical conservations and substitutory compensations. While it weaves its material fabric by using material elements, it exercises the office of a vital chemist in maintaining the life and the vital chemistry of the blood, the physiological equilibrium of its essential elements ; and by its lightning flash upon the nervous system, vouchsafes the integrity of cellular life."

This is doubtlessly true, but is too stilted to be easily absorbed by the busy practitioner. This has reference simply to the vehicle in which the thought is conveyed, and not to the thought *per se*.

But taking the Transactions as a whole we are much pleased with it, and would recommend the careful reading of the articles already quoted, and also "A Case of Trigger Joint," by Dr. Phoebe D. Brown, "Puerperal Fever," by F. A. Gile, M.D., and "Diphtheria," by Drs. Eaton and Nevin.

Don't forget the value of boracic acid dusted on inside of stockings and shoes for stinking feet.

OUR EXCHANGES.

—Dry Dressings.—Mr. G., æt. 34, was thrown from a wagon, lacerating the dorsal portion of the wrist over an area two inches square. The denudation was complete when I saw him two weeks after the injury. It had been poulticed during the interval. There was an excellent granulating surface, but Nature had been frustrated by the continued use of the poultice. The wound was washed in bromine water and dried. It was then dusted with iodoform, and over this was applied a smooth piece of medicated gauze. The object of placing one thickness of gauze directly over the wound is to preserve the protoplastic exudation. If the exudation be kept aseptic and allowed to form over the open surface smoothly, it is quite surprising how quickly it will be converted into tissue peculiar to the part. In this case we have a happy illustration of the good results obtained with this dry dressing.—M. O. Terry, M.D., in *P. and S. Invest.*

.—Insanity.—There are forces which destroy life, and there are forces which conserve and continue human existence and human usefulness. Such forces are not yet fully discovered. Time and new experience will unfold many marvelous things. Apples of truth are still falling; experimental steam is still escaping; and the untold powers of lightning are still flowing in steady or interrupted currents. Fame and fortune still wait for the coming of future Newtons, and Watts, and Franklins. Who can say that the human mind, when stripped of its beauteous and wondrous powers by the rough hand of insanity, may not be rehabilitated in the golden cestus of renewed health by the might of judiciously applied force? Here is an opportunity for philosophical experiment by some coming genius whose wisdom shall be like Solomon's, and whose power for compelling health shall rival the forces imprisoned in the hand of a Thor, or demonstrated by the huge hammer of a Vulcan.—S. H. Talcott, M.D.

—The Plague.—All the authorities of the Middle Ages concur in their statements as to the contagious nature of the plague. The rules and regulations enforced against the afflicted were barbarous and inhuman. "Persons sick and well, of one family, when the pest developed," says Block, "were held, without distinction, in close confinement in their home, while on the house door a red cross was traced, bearing the sad and desperate epitaph, '*Dieu ayez pitie de nous!*' No one was permitted to leave or enter the plague-stricken house save the physician and nurse, or other persons who might be authorized by the government. The doors of such dwellings were guarded and kept closed until such a time as the imprisoned had all died or recovered their health." We can well judge of the terror inspired by the pestilence by the precautions taken by the physicians in attendance on the sick. In his treatise on the plague Mauget describes the costume worn by those who approached the bedsides of patients: "The costumes worn," says he, "were of Levant morocco, the mask having crystal eyes and a long nose filled with subtle perfumes. This nose was in the form of a snout, with the openings one on each side; these openings served for respiratory passages and were well filled at the anterior portion with drugs, so that at each breath they contained a medicated air.

Under a cloak the doctor also wore buskins made of morocco ; closely sewed breeches were attached to the bottines above the ankle ; the shirt, the hat and gloves were also of soft morocco." Thus accoutered the doctor resembled a modern diver clad in a bathing suit of leather. —"Medicine in the Middle Ages." Translated by T. C. MINOR, M.D., in *Lancet-Clinic*.

—WORD PICTURES.—We cannot altogether free ourselves from romance. We all continue to believe in guardian angels and guiding stars. Santa Claus is as popular as ever, or will be in a few days. And so we continue to relate and listen to the legends of man and places as if they embodied, as to a certain extent they may, the germs of immortal truth.

Nearly a century and a half ago a little child was rocked in a rude cradle, by its fond and hopeful mother, in the village of Meissen, Saxony. One of the angels was swinging upon the gates of Paradise, just as our sweethearts used to swing upon the gates in front of their father's homes, and looking down she beheld this child, and was entranced by its wonderful beauty. So she plucked from her own soul the spirit of goodness, of purity, of angelic enthusiasm, and of heavenly wisdom, and she dropped it down into the heart of that little child. The child grew to be a man ; the man became a scholar, a chemist, a discoverer, and a physician ; and his name was Samuel Christian Frederic Hahnemann.—S. H. TALCOTT, M.D., in *The Chironian*.

—MATERIA MEDICA STUDY.—There is a sort of unconscious cerebration accompanying the process of acquiring materia medica, which impresses facts upon the mind, not always in the scope of language to express, but which give their possessor unconsciously, a physiognomy (so to say) of the remedy in relation to the disease to which it is adapted, and many a successful prescriber follows what he has fondly denominated his "intuitions," which are nothing more than the stored-up fruits of legitimate mental labor. Now does not slavish adherence to text-books, on all occasions, and in all places, have a tendency to obtund this inspirational gift?—H. C. FRENCH, M.D., in *Hom. Physician*.

—UNIVERSALITY OF MEDICINE.—Whether you are called upon to treat a bruise or a catarrh, a compound fracture or a case of typhoid fever ; whether your advice is asked as regards the disposal of a week's holiday, or on the advisability of a journey to the antipodes ; whether you have to deal with the sanitation of a vast city or with the hygiene of an isolated country dwelling—in each and every case you will be confronted with fresh problems and fresh subjects for study and deliberation. To you will belong the rare and valuable privilege of being able to find in medicine alike the work of your life and the solace and recreation of your leisure hours.—STONHAM.

—The following case came lately to me for treatment: A family had gone to bed, when suddenly from a room near the sleeping-chamber there came a crash, awakening the two-year-old boy out of his sleep in affright. The cause of the disturbance was the giving way of an oaken table leaf. The boy, a blond, light-haired child, with prominent forehead, lively and intelligent, was a considerable time in getting quieted

and to sleep again. On the next day the parents observed that the boy, who had formerly spoken with correctness, now stuttered, and that his tongue was in involuntary motion in different ways. Toward evening he appeared fearful and anxious, and thought that some one was under the bed. The fearfulness disappeared after a few days, but the stuttering and the disordered movements of the tongue continued.

The above history was given to me by the grandfather with the inquiry whether homœopathic remedies could do anything for such a condition. My answer was affirmative, and I sent to the parents a powder of stramonium 30, to be dissolved in a glass of water, and a teaspoonful to be given every morning and evening. This was done, and with such good result that the boy was soon able to speak properly and to control fully the action of the tongue.—Dr. Mossa, in *Hom. Recorder.*

—The Westboro Insane Hospital—A Comparison.—The Springfield (Mass.) *Republican* of a recent date contains a column article under the above caption, from which we extract the following—as these seem to show up so well for Homœopathy. The paper was written by a non-homœopath but evidently an unbiased observer:

Among the annual reports of the establishments for the cure or confinement of the insane in New England, that of the Westboro homœopathic hospital is unique. This might be expected from the fact that it is the youngest of them all, and the only one in which homœopathy is the basis and standard of medical treatment; but there are other circumstances which single it out for special remark. During the two years of its existence (it was opened December 6, 1886,) it has reported a large and advancing rate of recovery from insanity among its patients, while other New England hospitals generally show a small and declining rate. What makes this more noticeable at Westboro is the fact that among the 800 persons more or less who were admitted in the first two years not 400, or less than half, were for the first time admitted to a hospital; while nearly 300 were directly carried to Westboro from other asylums. It is a well-known fact that few recoveries occur among the chronic insane—those who have been a long time in that state are much less likely to recover than those who are recently attack. The chances were, therefore, that the new hospital would have fewer recoveries to report than several of the old ones, in proportion to the whole number under treatment. Yet among less than 750 different persons under treatment up to October 1, 1888, at Westboro, 133, or more than one-sixth, were put down as recovered; while at Danvers, among 1500, hardly more than 140 recovered, and at Taunton out of 1150 only 109, and at Worcester among 1400 only 155 recovered. A part of this difference, but not a large part, is explained by the fact that Dr. Paine of the Westboro hospital reports the restoration of an inebriate to sobriety as a recovery, which the other superintendents do not. Thus among 628 different patients in the last year, Dr. Paine finds 78 recoveries, of whom 12 were inebriates restored, leaving 66 recoveries from insanity among about 600 patients,—or 11 per cent. . . .

In another respect the Westboro report is peculiar—the work in pathology which it details, and the operations, successful or otherwise, performed there. This new state hospital seems to be the only one in which pathological work is now made public, and that in which it is pursued with the most zeal. It maintains a special pathologist, and in

connection with the instruction there given to a class of medical students from Boston University, it utilizes this pathological work to good advantage. This class has averaged about 30 and has made five visits to the Westboro hospital, beginning early in November and closing on the 21st of December. This fact does not appear in the annual report, which comes down only to October; but previous visits of a class from the same homœopathic medical school are mentioned; and it is intended to continue the practice. This is greatly to be desired; for, though there are objections to the clinical instruction of students at insane asylums, the advantages to the public far outweigh the evils; and the system pursued at Westboro seems to be a very careful and judicious one. It has the incidental effect of making the resident physicians more observant than they otherwise might be of all the phases in which disease manifests itself in an insane person. This, indeed, is required by the homœopathic system of treatment, and to this, and the diminished use of drugs for sedatives and stimulants, must be ascribed any real increase in the number of recoveries under this system. Its friends claim such an increase; but only time can determine how justly.

—Ale, beer, wine, and spirits do no good to a healthy man, and have in them possibilities of untold evil to those whose use them. Nothing irritates the skin more than malt liquors. Time and time again have I seen the itching attendant upon certain skin diseases relieved at once by stopping their use. Then they are usually taken in large amounts and are apt to irritate the kidneys. Wines, especially the sweet wines, are apt to foster gout, and that opens the gate to salt rheum and other affections. The sour wines of the Rhine are potent to form what the Germans call the Pfund Nase—that immense red nose sometimes met with here. Stronger spirits ruin the digestion if too freely indulged in, and one of their products is apt to be a red nose. Talking about red noses, I would say that it is not fair to accuse a man or woman of intemperance with liquors because he or she has a red nose, since there are other things that will do it. Intemperance in tea frequently causes it, and those old Irish women who keep the tea-pot constantly on the stove, and ever and anon sip its contents, often have noses bright enough to serve as headlights to an engine.—G. T. Jackson, M.D., in *Lancet-Clinic.*

—For the last twenty years I have found this remedy [ant. tart.] oftener indicated in cholera morbus than any other.—E. B. Nash, M.D., in *Med. Adv.*

—Vinegar as a Hæmostatic.—Vinegar continues to be my chief reliance in both post-partum hemorrhage and after-pains. I once administered vinegar and water to a patient who appeared to be in articulo mortis from the effects of Flemming's tincture of aconite taken with suicidal intent. The jaws were so stiff I had to pry the mouth open. After pouring a teaspoonful of vinegar and water into the mouth, I swayed the larynx and œsophagus from side to side to get it down. After getting five or six teaspoonsfuls of the mixture into the stomach the patient suddenly rose up in bed. In not more than twenty minutes after taking two ounces of vinegar and water, the patient was out of danger.—E. C. Price, M.D., in *The Hahnemannian.*

—Glass Catheters.—Some five years ago Dr. H. A. Kelly was hard pressed to catheterize a woman suffering from a distended bladder; not having his catheter with him, and being at some distance from his office, he took the crooked glass tube out of the baby's feeding-bottle, and drew the water with perfect ease. Since that time he had more or less constantly used glass catheters, which he had had constructed for the purpose. He placed far more confidence in the glass than in the metal catheters. The manifest requirements of a good catheter are that it should be easy to introduce, draw the water quickly, and be readily cleansed afterward. The first requirements are readily answered by any material of which catheters are commonly made. In the last lies the difficulty. It is impossible to be sure that the inside of the catheter is clean. He has hitherto directed his nurses in his hospital, where the catheter is in constant use, to keep them, when out of use, in boiling water. He is now using glass catheters constructed like those he exhibited. They are very cheap, safe (never breaking when in use), and cleansed with ease and certainty. In a hospital a number can be kept standing in a jar containing a disinfecting solution. The device of catheterizing with a glass tube is so simple that he was sure many present, as well as elsewhere, must have resorted to it long before this. He was also not surprised this summer when he found well-made glass catheters for sale at the instrument-makers in Berlin. He presented two patterns, which were sold at twenty-five cents each.—*The Obstetric Gazette.*

—The Pulse in Parturition.—When, on the other hand, the pulse becomes slow in a woman newly delivered, we may be assured that everything is doing well; the pulse ought not to exceed 100 during the ten days of lying-in, except, perhaps, when the time for the secretion of milk arrives, then it rises to 100 or over, but generally it is between 80 and 90 pulsations; as soon, however, as the milk is established, the pulse again becomes slow and normal. . . . .

The pulse of puerperal fever in the beginning is but 80 or 90 beats per minute, full and tense, but usually reaches 120 per minute, sometimes as high as 160; but 140 for any length of time at all prognosticates a fatal ending.—J. M. Reeves, M.D., in *P. and S. Jour.*

—Expulsion of Placenta.—Hart says, if the expulsion of the placenta depended on an obstetrician's knowing how it separated, no woman in labor would complete her third stage. There is good reason for thinking that all the theories that have been advanced have been founded on observed facts, and it is rather presumptuous to say that any observer has erred in his interpretation of the facts. In many cases the so called third stage of labor is in the highest degree an arbitrary division, for the placenta and membranes are evidently separated by the same forces that expel the child, and follow it with no perceptible interval of time.—*N. Y. Med. Jour.*

—Foreign Body in the Vagina.—Dr. Heywood Smith exhibited a fir-cone [to the British Gynæcological Society] measuring some five inches in length and the same in circumference, which had been removed from the vagina of a girl aged 26. It had been introduced with the butt-end foremost.—*The Obstetric Gazette.*

GLOBULES.

—Dr. Howard Crutcher, Corresponding Secretary of the Southern Homœopathic Medical Association, has removed from Louisville, Ky., to Memphis, Tenn.

—Those who bawl the loudest concerning the purity of their medical belief are generally the greatest sinners in practice ; and when, after going out of their way to persecute their neighbor's creed, they are themselves convicted, they plump down on their knees and cry " Peccavi " with a most sonorous orthodoxy.—*N. A. Jour. Hom.*

—The nipple attains the greatest length in some of the inferior races of man, where it is capable of being thrown over the shoulder of the mother to the child carried on her back. The breasts, also, in Hottentot women, grow to be an enormous size, in some cases being pendulous almost to the knees, without appearing to be diseased.—*H. I. Ostrom, M.D.*

—The odor [of urine] is stronger in proportion to the amount of solids contained in the urine. The urine passed after a hearty meal smells stronger than that after copious draughts of water. The urine of infants is generally inodorous ; on standing it acquires the agreeable savor of veal broth but is not quite so nourishing.—Clifford Mitchell, M.D., in " Urinary Analysis."

—To the medical man alone belongs the unique pleasure of increasing his own store of knowledge and experience whilst, at the same time, benefiting others, so that his work can never become really monotonous or his toils a mental weariness.

Under whatever varying circumstances suffering man is met with, there the doctor has the certainty of being able to relieve a fellow-creature, and at the same time add to his experience and resources.—Stonham.

—And now permit me to say how I dress the cord. By first drying it well with absorbent cotton, then wrapping it well in the same, and not touching it until the fourth or fifth day, when it comes off, and all is well. It saves trouble and is more cleanly. I also clean the baby with lard ; rub it well with lard and lay aside for ten minntes, then rub clean with a soft cloth. No water used, no catching cold for the child, and less trouble. I am just granny enough to attend to and dress the baby.—E. B. Grosvenor, M.D., in *Med. Advance.*

—The Homœopathic Prescription.—In this looking for the *peculiar and uncommon*, the large bulk of homœopathic prescribers have forgotten the "weightier matters of the law." They have become blinded by the glamour of *peculiar and uncommon ;* they examine the patient and scrutinize each symptom manifested to hit upon a *peculiar* and *uncommon* one, and finally they bring up at some trifle that is new or strange to them, and away they go to look for this symptom. If, now, one or two others can be twisted to coincide with the remedy exhibiting this *peculiar and uncommon* one, they seldom hesitate to prescribe that drug. . . . The sooner we return to the " totality of all the symptoms manifested by the patient," the more wonderful will be our success.—M. W. Vandenburg, M.D., in *Hom. Physician.*

—The Pope Manufacturing Co. (Boston) is sending out a handsome block calendar, convenient for memoranda, and replete with little almanac points.

—The flesh of no bird is in itself poisonous. The same is true of the eggs of all birds. The light meats of birds are more easily digested, less rich in nitrogen and in flavor, than the dark meats.

—And so it was with Samuel Hahnemann. He was bound by the galling chains of poverty ; he was repelled by the scorn and ridicule of his confrères in the profession ; he was invited to other fields of labor, through his abilities as a chemist and a teacher ; but in the face of every adverse circumstance or diverting influence, he felt himself impelled to become the exponent of a new system of medical practice. And he rose with the mighty power of an inspired purpose, a clear vision, a marvelous judgment, and an iron will ; and he accomplished the work to which he bent his tremendous energies.—S. H. Talcott, M.D., in a lecture at N. Y. Hom. Med. College, '88.

—A Generous Gift.—Mrs. Gov. Leland Stanford, whose charitable gifts are far more numerous than the public knows, donated recently through her physician, Dr. R. H. Curtis, the sum of $500 to the Hahnemann Hospital College of San Francisco. It is pleasant to note the interest taken in the welfare of a worthy cause by so distinguished a lady, and Pacific Coast homœopathy may well be proud of the fact that so talented a physician as Dr. Curtis is her trusted medical adviser.—*California Homœopath.*

Yes, sir, Homœopathy is dying. It is really too bad. A magnificent hospital in Detroit ; another in New York City ; another under way at Rochester ; others scattered through the land ; all full and curing the incurables of the old school. Mrs. Stanford lends her purse and countenance to the fast departing school. President-elect Harrison and his wife are homœopaths. More than half the Supreme Bench are homœopaths. Alas ! and yet alas ! Poor Homœopathy ! Dying ! !

—Day Sleep.—There is a large class of people in cities, employed in hotels, theaters, and other places of public resort, who from the nature of their employment are compelled to remain awake during the whole or a greater portion of the night. It is the habit of these individuals to seek to compensate for the loss of sleep entailed by their various nocturnal employments, by resort to day sleep. Such repose is, however, both as regards duration and quality, far inferior to the normal sleep enjoyed at night ; and the persons who are compelled to resort to it are rarely if ever able to compete in energy and endurance with those whose employments permit them to retire soon after sunset. They become either sallow and emaciated in appearance, or pale and flabby, especially when addicted to the use of alcoholic stimulants. As to the sleep itself, not only is it deficient, as we have seen, in ultimate restorative effect, but also with regard to quality. Morbid dreams, unconscious cerebration, and nightmare are the usual accompaniments of day sleep. In the majority of cases, persons whose only alternative was the form of sleep just described have been obliged, after the lapse of but a few years or even months, to desist from the nocturnal employment and adopt some other form of occupation.—J. Leonard Corning, A.M., M.D., in a treatise on " Headache and Neuralgia."

—We are in receipt of a circular letter from Dr. Marc Jousset, Boulevard St. Germain 241, Paris, calling attention to a proposed congress of homœopathic physicians in that city during the Exposition period of this year, and asking the support of all true lovers of our school to bring about this Homœopathic Congress.

—"The Second Annual Report of 'Helmuth House.'" New York: . . . . . In several instances engravings illustrate either the disease or the mode of operating. One is a very realistic specimen—an engraving from a photograph of the interior of the operating-room with a patient undergoing the Apostoli method. We recognize Dr. Helmuth as one of the two physicians present. So says the (London) *Monthly Hom. Review.*

How's this, Professor? Our copy doesn't show this.

—Typhoid Fever.—The points I have sought to establish may be summed up as follows:

First. Typhoid fever never infects the atmosphere.

Second. Typhoid fever never arises *de novo.*

Third. The causes of the disease, in order of their frequency, are as follows: 1st, infected water; 2d, infected milk; 3d, infected ice; 4th, digital infection; 5th, infected meat.—Cyrus Edson, M.D., in *Med. Rec.*

—Criminal Abortion.—When society has been so reformed that it ceases to flatter the man, and to make an outcast of the woman, a period will be reached when the latter will not be driven to seek the destruction of her child, and doctors will not be tempted.

When society has been so reformed that "ladies" will consent to bear children, and not consider them an incumbrance and a nuisance, abortions will not be necessary, and doctors will not be tempted.—Editorial in *Med. Era.*

—Burlington Route Daily Excursion to the Pacific Coast, Colorado, Wyoming and Utah.—Railroad ticket agents of the Eastern, Middle and Western States will sell, on any date, via the Burlington Route from Chicago, Peoria or St. Louis, round-trip tickets at low rates to San Francisco, Los Angeles, San Diego, Portland, Tacoma, Seattle, Vancouver, or Victoria; also to Denver, Cheyenne, Colorado Springs,or Pueblo. For a special folder giving full particulars of these excursions, call on your local ticket agent, or address P. S. Eustis, Gen'l Pass. and Ticket Ag't, C. B. & Q. R. R., Chicago, Ill.

—The Victoria Dances.—The first of the six private subscription dances to be held this winter in aid of the funds of the London Homœopathic Hospital took place on Tuesday evening last, under the patronage of La Marquise de Saliceto, the Countess of Chichester, the Countess of Morley, the Countess Sydney, the Countess de Torre Diaz, the Viscountess Emlyn, and other distinguished ladies, at the Westminster Town Hall. The Anglo-Hungarian Band (scarlet uniform) was in attendance. The next dance will take place on Friday, the 14th inst., and will begin at nine o'clock punctually, terminating at one. Mr. G. A. Cross, the secretary, at the hospital, Great Ormond Street, offers all details on application.—*Monthly Hom. Review.*

Wonder if the clergy had aught to say, *à la* the inauguration ball.

—Aloes in Constipation.—Old persons with chronic hemiplegia or other incurable diseases, compelling them to sit for months before death, and suffering from obstinate constipation, can be much benefited by the use of aloes in physiological doses.

Aloes as a purgative differs from others in as much as it is not followed by constipation. The intestines seem to become more susceptible to its action the longer it is given.—J. Heber Smith, M.D.

OH-DON'T-OLOGY.

Don't give up a case of typhoid fever until your patient is dead and buried.

Don't have tobacco-smoking in rooms in which young infants are asleep.

Don't shave or be shaved; by that means you will avoid the barber's itch.

Don't use the forceps until the expulsive efforts of nature have from every cause ceased.

Don't work too much or too long under an artificial light, lest the sweating produce baldness.

Don't go from scarlet fever to a confinement case; nor from a puerperal fever to a second childbed.

Don't forget the value of cold water as a tonic to an infant's stomach. Give it a teaspoonful every day.

Don't wash the newly-born. Oil it all over and wrap it up for half an hour, then wipe it off with a soft rag.

Don't be personal, Brer. Fisher. The editor worked from pretty good authority when he wrote his critique.

Don't speak of halters in the house of the hanged; *i.e.*, don't speak of St. Paul when in Minneapolis; and *vice versa*.

Don't overlook vinegar and water in equal proportions, a teaspoonful every two hours, for excessive after-pains; and in croup.

Don't conclude that a red nose necessarily indicates alcoholic intemperance; it may be a tight corset, or excessive use of tea.

Don't use water in eczema; if you most have your hands in water, then give especial care to drying, and follow with dusting of starch or flour.

Don't use cold-water injection in infantile dysentery; substitute water at temperature 115°–120° F. You may use cold water in diarrhœa.

Don't permit the parturient patient to eat indiscriminately; have her select her diet carefully; and don't allow her much coffee—better none at all.

Don't neglect to read the Chronic Diseases supplement to the *Medical Advance*. It is interesting and instructive of the right way in Homœopathy.

Don't expect the intestinal tract of a newly born infant to be free from defect, when the mother has been sufferlng from an obstinate and prolonged constipation.

THE

AMERICAN HOMŒOPATHIST.

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FRANK KRAFT, M.D., EDITOR.

CONSIDERABLE comment is being indulged in by a number of our contemporaries touching the reinstatement of the *New York Medical Times* to its former place in the Institute as a homœopathic journal. The criticisms have not always fallen within the line of charity and absolute truth. With the merit or demerit of this act on the part of the Institute in reinstating this journal we have at present no especial concern; but we desire to uphold Dr. Runnels when he replies that his motion to reinstate was made in open session of the Institute, with President Cowperthwaite in the chair, under the call of business for which the first hour of each day was specially set apart; that it was not the last day of the session; and that an official stenographer (ourself) was present, and took down the resolution as it fell from the lips of Dr. Runnels. No effort was made to do anything unfairly; the motion was clearly stated by the mover, promptly seconded, distinctly put by the President, and voted upon. The lesson to be drawn from the result but emphasizes our recommendation of last year, that the Institute be an Institute devoted to Institute business, deferring its recreation to the close of business. Had the members been on hand as it was their duty to be, possibly no such motion would have passed. But having been passed it will not do now to find fault with any one but themselves.

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THE *Southern Journal of Homœopathy* for February comes to us in a pink cover, under the editorship of G. G. Clifford, M.D., San Antonio, Texas. Its contents bespeak much attention to details and a desperate effort to float the *Journal* on an almost empty copy-box. We sympathize with Bro. Clifford. We have had the same difficulty to contend with, and are only now beginning to see the fruit of much importuning and correspondence. We welcome Bro. Clifford to the fold right heartily, and sincerely trust that he may prove less nomadic than his predecessor; not constantly on the point of settling elsewhere, thus creating a distrust in the minds of subscribers and advertisers as to the permanency of the periodical. We are rejoiced that the journal continues in the South, and we look with much expectancy to the outcome. Brethren of the South, awake! Hold up the hands of your editor. See to it that he shall not lose heart. Come to his rescue with subscriptions and articles. Thus will Homœopathy be made to blossom and bear fruit, yea, even a thousand fold.

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IN the "Editorial Notes" of the *Homœopathic Physician* for February 1889, we find a most excellent *résumé* of the difficult problem recently littering our literature, on "The Use of Books at the Bedside." We had occasion in a recent number of our Journal to question

the soundness of the statement made, at the last annual meeting of the I. H. A., by an enthusiastic member, to the effect that he placed such implicit reliance on his books that he had never even endeavored to memorize the characteristics of a dozen remedies. During the early months of this year and earlier, Dr. Holmes of Sycamore, Ill., and Dr. Kent of Phila. had a passage at arms in the pages of the *Homœopathic Physician* touching this topic; and the end seemed afar off. The editors of this latter journal, however, came boldly to the front, and clearly enunciate their position, which we believe to be the correct one. They say: "We should carefully study our drugs until we know them; each drug has a certain character, or individuality; this we should know. We cannot remember the peculiar trials (so to speak) of each, or their entire range of action. When, *in an emergency* [italics ours] we desire to know more, we can consult our books. When we carry books with us to the sick-room, they are intended to assist our memory, not to replace it; we merely use them to refresh our memory. . . .We would sum up our advice upon this subject in a few words. First, learn all you can of the true indications for each remedy; especially learn to discriminate between related drugs. And this can be better and more easily done by studying cases than by studying the materia medica drug by drug, for in this way we get an idea of drugs in their relation to diseased conditions.

"Secondly, don't be afraid to give your patients sac. lac., nor to take time—to take all the time needed for the thorough studying out of your cases. This once done, you will find the rest of the case very easy to treat.

"Thirdly, take with you in your daily visits a repertory or a materia medica, as preferred, to help you in cases of urgent need. But never neglect the study of the materia medica nor believe you can do without this study if you carry books with you."

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A CAREFUL and attentive reading of the report of the "book" discussion, as it took place at the I. H. A. meeting, conveys to us the impression that two or three of the disputants had got astride of hobbies, and finding themselves in danger of being unhorsed by the truth, clung the more desperately to the hobby, even at the expense of veracity. We speak advisedly, for we are personally acquainted with all the disputants, and with two of these we were intimately associated for periods of time long enough to learn their ways; one of these carried a gynæcological bag which contained two cases of medicine (180 vials), Bönninghausen and Lippe's Repertories, and nothing more; the other never carried anything. Yet these two stood up boldly as champions for Books at the Bedside.

***

IN view of the prevalence of small-pox in the immediate vicinity of the editorial sanctum, and throughout many parts of Ohio, Indiana, and Michigan (and doubtless, also, in other sections), and of the almost universal vaccination resorted to, we may be pardoned the presentation of the several papers in this issue which bear upon these topics. We solicited and have received opinions on both sides of the question of vaccination, and trust to receive still further expressions of opinion from other of our subscribers and contributors. We may add,

that in our personal experience with vaccination the results in many cases (and we vaccinated upwards of two hundred), have been of so alarming a nature as almost to discourage further vaccination. We have had arms to dress that were running a putrid, greenish pus, the cavities formed by the action of the virus being frequently of the depth of one-fourth to one-third of an inch. In one case this offensive, purulent discharge was followed by an eruption from head to foot very similar to variola, but which disappeared within twelve hours under the action of sulphur. Thuja, that much-vaunted specific for bad effects of vaccination, left us in the lurch completely; sulphur, bryonia, and ipecac carried us through. In another instance, a middle-aged lady, vaccinated with the ivory point, developed an abscess in the left inguinal region which brought her to bed, ultimately broke, and discharged the same yellowish-green, horribly putrid discharge. The scab on the arm is slowly forming, but the abscess as yet shows but little signs of healing, although over five weeks old. Pulsatilla and hepar have given best results thus far.

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IN this issue we give in full a letter from the President of the Nebraska State Society, reciting the pleasant relations now existing between the old and new schools in that State, the compromise measure mutually agreed upon for legislation, and the very evident desire of everybody to be pleasant and agreeable. In the report of the New York annual meeting we refer simply to a resolution passed by that august body denouncing the effort of certain old school legislators to do away with separate examining medical boards for the State as an attempt to obliterate our peculiar tenets, and engulfing our teachings and practice in the sea of "regular" practice. The two societies seem to take diametrically opposite grounds. The Nebraska folks are pleased to think their opponents have conceded to them all they asked, and the lion and the lamb are lying down together,—the lamb still in intact and skin unbroken; while the New York folks are so jealous of their distinctive qualities that they resent with vigor the attempt of the old school to be good to them. The reasons assigned for this position are strong ones of themselves; but they bear intrinsic evidence of something yet more remarkable in homœopathic history, and that is, a sense of power; for no weak-kneed body would dare to advocate this measure. It seems that the New York State Society is conscious of its strength, and is no longer a suppliant at the door of the old school Dives. That it proposes to dictate henceforward. In Nebraska, however, the field is yet new to the homœopath, and policy must be the tactics employed.

CONCERNING COMPULSORY VACCINATION.

By Wm. Jefferson Guernsey, M.D.

I AM not conversant with the public school regulations of other States, but it strikes me that some united stand should be taken against such an action as that which our Pennsylvania boards enforce.

Very many of my little patients have been sent home from school because they had not been vaccinated, and some had been captured by the visiting vaccine physician in spite of their parents having previously protested against it. In short, it is compulsory vaccination in an indirect way. I know of many allopathic physicians who denounce vaccination, and have heard of one who was bold enough to urge his patients not to have it done. I do not deny the efficacy of it, but regard *that* as a secondary matter when compared with the harm that it is capable of producing in many cases. So opposed to it am I, that I have conscientiously *refused* to vaccinate any one. If any substance can be inserted into the system that can prove a preventive for several years—for seven years or for a life-time, as some contend—is it strange that that substance will in many cases do a little more than protect—that in some it may kill? Not a few have died directly from its effect, and I not long since sat in a medical society and listened to a discussion condemning it, in which several deaths from diphtheria were believed to be due to its undermining influence, and thought with a pang at my heart of the little arm that was for weeks recovering from the work of the filthy virus and the proud flesh that not infrequently follows, and of a little coffin that diphtheria was supposed to have filled. I regret that I have no more thoughts to add here, but I am glad to reiterate all that I have before stated: that I object to vaccination more on account of its frequent ill-effects than from any loss of faith in its preventive powers, and that I rely upon malandrinum as a substitute.

Brethren, before you scarify the next child's arm, stop and reflect whether you are putting anything into its system that may render its powers of resistance of other serious illnesses faulty: whether you have a right to do that which makes you thus hesitate.

4430 Frankford Avenue, PHILADELPHIA.

IS ALTERNATION OF REMEDIES EVER ALLOWABLE?

BY DR. S. LILIENTHAL.

A student of medicine for the last half-century and over.

THIRD PAPER.

JOUSSET in his Leçons Médicales recommends for common dyspepsia the alternation of nux vomica and graphites; the former before the meal, the latter after the meal, as both drugs suit the hemorrhoidal constitution. Graphites is also in the French school the grand remedy for the herpetic diathesis (constitution dartreuse). Compar-

ing these two drugs in relation to their gastro-intestinal symptoms, we find, according to Hering :

NUX VOMICA.

Sour and bitter eructations ; putrid in the morning ; hiccough from over-eating, from cold drinks. Heartburn ; water-brash, < before breakfast. Morning nausea, with fainting, after eating, in drunkards and from tobacco.

Vomiting of food, drink, bile, sour mucus ; blood.

Gastric region sensitive to pressure ; clawing, cramping pain in stomach, with pressure and tension between scapulæ, < mornings and after meals ; pressure in epigastrium, as from a stone.

Stitches in liver, < from contact or motion, can not bear the clothing tight, caused by high living, abdominal plethora, debauchery, jaundice, gallstones.

Flatulent colic ; with pressure upward, causing dyspnœa, and downward, causes urging to stool and urination ; periodical colic before breakfast or after meals—from suppressed hemorrhoidal flow ; constipation, hemorrhoids.

GRAPHITES.

Hiccough after either one or all meals ; rancid heartburn *after* dinner ; qualmishness, mornings and several hours after dinner ; sour eructations, tasting of the food eaten, relieving pressure in stomach.

Vomiting sour, of food ; sour vomiting after eating.

Sensation of lump in stomach, with constant beating as of two hammers ; binding, constricting pain in gastric region, necessitates eating ; griping in stomach with flatulency ; *periodical gastralgia* (viperatoria) with vomiting of food, immediately after eating.

Stitches and hardness in hepatic region; can not bear tight clothing around hypochondria ; internal burning in left hypochondrium, < when lying on it.

Colic immediately after eating ; rumbling in abdomen ; incarcerated flatus ; abdomen distended and hard ; chronic constipation with hardness in region of liver ; large hemorrhoidal tumors ; herpetic eruption in the groins.

Nux plus graphites finds perhaps its best simillimum in alumina, and if we only knew these combinations, perhaps every alternator would prefer the single remedy which combines the characteristics of the other two. Instead of wailing and gnashing of teeth that so many physicians still are deficient in the knowledge of the action of our remedies, let us with Weihe and others rather find out the weak points, and there are many ; let us study these combinations, and alternation will be a thing of the past. Just think how often we find in the reports of cases of aconite and bryonia given in alternation, or bryonia and mercurius, while in the former perhaps gelsemium would cover the case, and in the latter baptisia might do it in some low fevers. We do not read enough between the lines, and thus Hahnemann was misunderstood, when he recommended for typhus the alternation of bryonia and rhus *according to the indications of each drug*, which means something quite different from the usual mode of alternation. There are many questions yet to be solved in our materia medica, before the millennium is reached, and as long as the American Institute and the British Homœopathic Society remain wedded to material doses in the great work of drug-pathogenesy, we have to excuse the alternation of drugs to most of our practitioners, for the essence of a remedy is often only found in dynamic potencies, where sight and smell, and taste, fails to discover the drug. This work of drug-pathogenesy may be well enough as far as it goes ; Allen's Cyclopædia will always remain the

faithful companion to the zealous student, but we still want a clinical materia medica, just as Prof. Allen has given us for lycopodium, and an exhaustive repertory of the provings as well as of the clinical materia medica. In possession of such work perhaps an excellence in finding the simillimum will be reached, that even the neophyte can select it ; but till then, let us be charitable and let our only aim be to be healers and benefactors of the human race ; let us aim at perfection, though that blessing is only vouchsafed to few. May every one treat his patients the best way he knows, and let us recollect that the eleventh commandment is the groundwork to success. I am done.

San Francisco, Cal.

VACCINATION AND ANTI-VACCINATION.

By Henry E. Beebe, M.D.

A MUCH esteemed medical friend recently propounded the following questions to me :

Do you vaccinate ? Yes,—why not ?

Do you believe in it ? I do, and to the extent of advocating legal compulsory vaccination.

Have you had any bad results ? No ; why should I have when proper care is observed ?

Any small-pox near you ? Not any.

From 1796, the year Jenner announced this valuable prophylactic, to the present, there have been those opposing vaccination. It was first opposed by an exceedingly bitter popular prejudice. To-day the majority believe the protection afforded by vaccination properly performed is but little less than that afforded by the disease itself. Yet there are some few as prejudiced as those Jenner encountered. We believe this skepticism is being gradually displaced.

In England it is compulsory that all children over three months old shall be vaccinated. Not long since the London Society for the Abolition of Compulsory Vaccination adopted a resolution to the effect that inasmuch as vaccination has been the means of spreading dangerous and infectious diseases, and that this is no longer denied by the heads of the profession, it is the duty of medical men to petition Parliament for the repeal of the Vaccination Acts. After the adoption of this resolution, the *British Medical Journal* in commenting said : " It would be equally rational to expect the medical profession to take up an attitude of opposition to wearing of clothes, because certain garments had been known to induce a skin eruption ; or, as the medical officer of the Local Government Board lately argued, to protest against the use of bedclothes because babies were occasionally smothered in bed. The childishness of the proposal carries with it its own condemnation.

Medical men see, in the occasional very rare accidents attending vaccination, reasons for endeavoring to make the method of operation as perfect as possible, not for abolishing a means of protection which annually saves countless persons from death by one of the most terrible disorders which have ever afflicted mankind."

The following extract from Ziemssen's Cyclopedia is well expressed : "A weapon of defense against the scourge of small-pox so powerful as vaccination should not be left to the pleasure of the individual, but the State has the right and the duty to look after its most thorough performance. Even the selfish pretext that vaccination is injurious becomes, as we have seen, untenable, as the great number of the formerly accepted dangers of vaccination have been shown to be wholly imaginary, and the harm which only rarely occurs can be certainly avoided by means of caution and experience."

If these facts are so well established, why necessary to argue in its favor? because every community has a few and an occasional physician, who take the extreme view and strongly oppose vaccination. It is being denounced as a "relic of barbarism" even with the unlimited proof in its favor. The record of 50,000 cases among the children of London shows that the very poorest success in vaccination, was forty-seven times more protective than no vaccination and the cases that were successful in the highest degree showed they were thirty times more protective than poor vaccination. From the records of a small-pox hospital it has been shown that 37 per cent. of unvaccinated patients died as against 6½ per cent. of those vaccinated. Compulsory vaccination was abolished in Zurich, Switzerland, in 1883. In 1882 there were no deaths from small pox ; in 1883, there were two in a thousand from small-pox ; in 1884 there were three in one thousand ; in 1885, there were seventeen in one thousand, and in the first quarter of 1886 there were eighty-five in one thousand. Here we see vaccination lessens the liability, even though it may not give a complete immunity from disease. Fifty years ago 60 per cent. of the people in England were to be seen pitted by small-pox, while at the present day there is hardly 1 per cent. We should educate the laity that vaccination, when properly performed, is a necessary measure, knowing as we do that during the incubative period of small-pox it even modifies the small-pox eruption. The great cry with the people, and it was taught them, and is yet, by the profession during the last decade, is the great danger in using humanized virus. This is largely a fallacy ; with reasonable caution there is no danger. If I know the source of the humanized lymph I prefer it to animal, and use it for my own children. Lymph is preferable from the vesicle itself, believing it gives an immunity which the crust does not. If there is any danger in the transmission of disease, it is with the crust when blood is incorpor-

ated with it. In former times the crusts from cow-pox virus were used ; not at present—they contain too many impurities for practical use. The large ulcers so often seen from the use of animal virus are seldom seen from humanized virus. Why, I am unable to say. Anti-vaccinationists claim vaccination to transmit syphilis and tuberculosis, but when these diseases follow, other sources have usually, if not always, been found. By a very reliable test, begun several years ago and yet continued in Hungary, it is quite well proven that vaccination has had no influence upon syphilis and tuberculosis.

I believe the time is near when vaccination will be the preventive measure in other diseases. Proof is fast accumulating of its efficacy, and it is useless for the anti-vaccinationists to argue against it ; as well argue against any other of the many preventive measures advocated by the sanitarian of this day, when it is believed to be more important to prevent than cure. People always have died and always will. Many arguments advanced by anti-vaccinationists are like the discussion by a company of Hibernians on the subject of vaccination. When its opponents and supporters had fairly exhausted their arguments, one of the company, who had not hitherto spoken, volunteered his opinion that, far from being a benefit to the human race, the precaution was both dangerous and unnecessary. "I will give you a proof" he said. "The son of a friend of mine, as healthy a little fellow as you would wish to see, was vaccinated by an idiotic medical man who attended the family, and what was the consequence ? He died two days after the operation had been performed !—Yes, gentlemen," he continued ; "The poor lad, who was as active as a squirrel, was in the act of climbing a tree, when, a branch giving way, he lost his hold and was killed by the fall. Don't talk to me of vaccination after that."

SIDNEY, OHIO.

THE HYGIENIC TREATMENT OF SMALL-POX.

BY J. A. GANN, M.D.

THE prevalence of small-pox in certain sections of the country prompts the suggestion of a system of hygiene which the writer has proved very efficacious in this disease, and diseases affecting similar tissues.

Recognizing the disease as one of specific blood-poisoning, whose characteristic manifestation is toward and upon the cutaneous and mucous surfaces, obviously the prime object in its treatment should be the use of any method that will cause, or assist, this morbific influence to follow its normal course in the speediest and kindest manner.

The premonitory symptoms of extreme prostration, the headache, the

backache, the peculiar sensitiveness of the digestive system and almost complete suspension of the renal function, suggests that a régime be followed which, while favoring the kidneys as the principal emunctories, will do so with as little embarrassment as possible to the digestive tract.

Any means that will cause a determination of blood to the periphery of the body, so that the cutaneous capillaries are kept as active as possible, is the means that will best succeed in removing the morbific products the most speedily; thus insuring a more rapid convalescence, with less liability to unpleasant complications or sequelæ.

The spirited discussions that have occurred between the advocates of the "cool air" method and the "hot air" method could readily have been reconciled by a more thorough examination into the "nature of things"; for neither method has all the advantages; yet experience has proved that both methods have some.

The first consideration in the treatment of any cutaneous disease is the recognition of the *function of the skin;* and that when this function is impaired, some other organs or tissues of the body naturally have a correspondingly greater work to perform.

The intimate relation, however, existing between the external cutaneous surface and the internal mucous surface is so close that any embarrassment of the external function is certain to be followed—to a greater or less degree—by a corresponding embarrassment of internal functions; as witnessed in the various eruptive diseases, extensive burns, etc.

In the disease under consideration, both external and internal surfaces are involved in the very *nature* of the disease; thus we have a twofold difficulty to surmount. And how can this be done?

Without entering farther into the theory of the subject we will state as briefly as we may the following points to be observed:

First. Frequent bathing with water as warm as the patient can comfortably bear,—the room at this time being of an agreeable temperature.

The necessity for this procedure is obvious when we consider the suspended function of the skin, the fever with its natural attendants, and the impaired function of the alimentary and renal tracts.

Second. Plenty of pure air. During the intervals between the bathing, the comfort of the patient being secured more by additional covering (in cold weather) than by increased temperature of the room.

Third. The room well darkened, and as little furniture as the exigencies of the case may require.

Fourth. A liquid diet—frequently administered. This is naturally suggested by a consideration of the perverted condition of the entire alimentary tract, which is itself burdened by the poisonous eruption, and consequently but poorly able to attend to its normal functions.

Fifth. When vesiculation is completed and the stage of suppuration is fairly entered upon, or is about to be, the opening of the pustules and the frequent use of hot water, with after-anointings with olive oil, will largely reduce the itching irritation, and modify the degree of secondary fever.

Try this method, and the almost total absence of pitting, and other evidences of suppuration—whether it be of hard, bony tissue, or the delicate cornea—will justify the course suggested.

We have purposely omitted any reference to therapeutics, as our various text-books and materia medicas are replete with remedies and their indications.

Now, while desiring to avoid both the polypharmacy and empiricism which so readily attach themselves to medicine, the following statement by Edward Wells of the *London Mercury*—and who is willing to risk his reputation as a public man upon its proof—merits some investigation :

"The worst case of small-pox can be cured in three days, simply by the use of cream of tartar dissolved in a pint of hot water, drunk at intervals when cold. It has cured thousands ; never leaves a mark ; never causes blindness, and avoids tedious lingering."

Can any of your readers speak with authority on the subject?

Wooster, Ohio.

VACCINATION POINTS.

By B. F. Bailey, M.D.

THE subject of vaccination is being brought into prominence just at this time, probably through the active measures of the anti-vaccinationists. To me it becomes a question something like the germ theory, *i.e.*, I find on both sides so many strong arguments that I hardly know on which side of the fence to alight. I will only relate one case which came under my own observation four or five years since, and up to that time I was a very strong believer in the efficacy of the ivory point. A gentleman living in the city which was my home had small-pox quite a number of years ago, had it severely, and was badly pitted as a result. During a small-pox scare in the fall of 1885 a physician, since deceased, but who was an intimate friend and acquaintance of my own, said to the gentleman in question, "Let me vaccinate you." The man agreed to it, and "just for luck" was vaccinated. It "took," and he had as a result a typical scar. My faith was somewhat shaken, and I doubt if it has ever regained its equilibrium, and yet I always vaccinate myself when a "scare" of any size arises. Another point has impressed me : Take a city five hundred miles from a vaccine farm—

let a few cases of small-pox suddenly appear. Those cases can not appear before vaccine "points" will be offered for sale in abundance. Now in a large majority of cases those "points" are old enough to be useless. I have known this to occur repeatedly. The instances I have named make me doubt the efficacy of vaccination, and also the reliability of the "points"; and yet I would advocate, were I to be placed where such advocacy would be of use, enforced vaccination throughout the country, all "points" used to be supplied from vaccine farms carried on by and under the careful charge of the government of each State. I would favor this, because by that means I think we could secure perfectly pure and reliable virus, and I don't believe there would be any injurious effect if such virus was always used. Further, by this means, and this only, can the preventive power of vaccination be fully determined. It is worth the trial. This question, like all others, we should weigh candidly and in the light of reason, and not be governed by hastily formulated ideas.

LINCOLN, NEBRASKA.

CHRONIC SINGULTUS.

BY H. P. HOLMES, M.D.

HILDAH AGRELLE, aged 19, Swede.—This patient came to my office January 11 for the double purpose of having a tooth extracted by my dental office mate and to consult me regarding a case of hiccough which has troubled her for nearly two years, and for the past year has been almost incessant. As is well known, this affection is usually transient, and is almost always driven away for the time being by anything which attracts the attention. I was very much surprised to find that the excitement of having a molar tooth extracted not only did not stop the hiccough but evidently increased the paroxysms. As the patient had been in this country but six months the interview had to be done through an interpreter, which is usually unsatisfactory. Close questioning elicited no cause for the disturbance, neither could I get any leader in the way of pathological prescribing. Visiting me at the time was a bright young allopathic student who had attended two courses of lectures and is a licensee of our State Board. I asked him what line of treatment his school would pursue in such a case. He frankly admitted that he knew of nothing that would cover the disease under consideration. Then came the satisfaction of being a homœopath.

I explained to my friend the line of treatment in this case, and that here was a chance for him to observe the work of homœopathy. Very few diseases should be treated as *diseases*, and very few need to be

treated from a pathological basis. That the remedy indicated by the symptoms almost invariably is the remedy for the disease, no matter what may be its name.

The first few questions led me to think of *Ignatia*, and placing Hering's Condensed Materia Medica in the hands of my friend, I had the pleasure of seeing the case come out so clearly and distinctly that there was no mistaking the remedy.

The hiccoughs were evidently nervous, if not hysterical. The patient cried easily when at home, and when there was nothing to cause it. She cried and laughed in a breath while I was questioning her. A pressing headache, more or less constant. Headache from being in a room where there was tobacco smoke, always worse from tobacco smoke. Very nervous and restless. Sensation of a lump in the throat. This lump in the throat is a very uncomfortable symptom. Choking sensation in the throat. Hiccough, after eating and drinking ; from tobacco smoke. Belching of large quantities of wind from the stomach. Bloated stomach. Constipation with difficult stool. Menses scanty and delayed. Sighing, jerking respiration. Choreic movements of the limbs, worse under excitement. Restless sleep, full of dreams, etc.

The hiccoughs were very loud and could have been plainly heard a block away. They seemed to fairly raise her from her chair. *Ignatia* being so plainly indicated, I gave her the third decimal dilution, as I did not have the thirteenth, which I preferred to start with, and asked her to report in four days. At her next visit there was a slight improvement. On being left alone she would not hiccough for several minutes, but on coming near her, or looking at her, it would start them again. I then gave her the same remedy in the 200th with instructions to come again in four days. The next visit showed decided improvement, so much so that she hiccoughed only three or four times while in the office, a half hour or more. She was then put upon placebo and asked to return in a week. At her next visit she said that medicine given her before, the 200th, was the best I had given her, and she wanted some more of the same. She was nearly well and only hiccoughed occasionally. I gave her a single dose of the 1000th and another bottle of placebo. That is all the medicine she has had, and she reported February 9 as just about well. She has gained in strength and flesh, sleeps well, the lump has left her throat, her last menstrual period nearly normal, and she wants to pay her bill. More placebo, although she asked me to give her the remedy I gave her the second time.

This case was followed closely all the way through by my allopathic friend, who has become very much interested in homœopathy. He says it has opened up a new field to him, and on the strength of it has borrowed some of my books and remedies. I have often wondered in my own

mind what I could have done for this patient if it had not been for the work of Hahnemann and his followers. Taking the above case as an illustration, how true we find one of the declared principles of the *International Hahnemannian Association :* "Both the *Organon* and experience prove homœopathy to consist of the law of the similars, which includes the totality of the symptoms as the only basis for prescribing, the use of the single remedy in the minimum dose of the dynamized drug, proven upon the healthy."

Sycamore, Illinois.

A COPAIVA RASH CAUSED BY THE ABSORPTION OF THE DRUG APPLIED LOCALLY TO THE URETHRA.

By E. M. Hale, M.D.

IN one of the late numbers of the *Medical Record*, I saw a brief notice of a new way of treating gonorrhœa by means of the balsam of copaiva applied on a bougie to the mucous membrane of the urethra. The method was said to act with surprising efficacy, curing the disease in a few days.

We all know how obstinate this nasty disease is—resisting for a long time the most careful homœopathic treatment. So I resolved that I would treat the next case that came to me after this method.

It soon came. The subject was a full-blooded, healthy man about 40 years old. It was the second day of the disease. I gave him a No. 8 bougie and a quantity of pure balsam of copaiva. He was ordered to smear the bougie about five inches, and introduce it that distance into the urethra, three times a day.

About five days afterward he came back and said the discharge had ceased, but that his whole body was covered with a rash which itched and burned terribly. On examination I found that he was right. Every square inch of the skin was covered with an eruption which looked like a cross between measles and rhus tox. poisoning. I was astounded, and immediately consulted the works treating of the effects of copaiva. There was no doubt about it. It answered the description exactly. Besides, I had seen several cases of copaiva rash caused by allopathic doses of that drug.

It has been fancied that the healthy urethra is capable of absorbing a considerable quantity of medicine. Some experiments made with solutions of atropia prove this, but I did not expect to see such rapid absorption of copaiva.

I think I have somewhere seen an account of rapid cocaine poisoning from injecting a strong solution of that drug into the urethra.

I need not say that the treatment of the case by this method was

suspended. He said he would rather have the gonorrhœa. The eruption persisted for a week, and is now slowly disappearing under the use of rhus tox. but the gonorrhœa was cured!

CHICAGO, ILLINOIS.

DIPHTHERIA.

By J. GALLEY BLACKLEY, M.B., Lond.,

Senior Physician to the London Homœopathic Hospital.*

TAKING it for granted that we are all familiar with the little that is known as to the ætiology of diphtheria, and that all have had more or less opportunities of studging its symptomatology, I will devote myself to a consideration of the following practical points:

1. The question of isolation.
2. Duration of convalescence.
3. Treatment, constitutional and local.
4. Treatment of sequelæ: merely bearing in mind the following rough definition: "Diphtheria is a disease in which there is a direct infection by the immediate action of the contagium with the epithelium of a mucous membrane whence the disease spreads, and in a variable time becomes a general infective or systemic disease."

1. The question of isolation.

As to the necessity for isolating a patient in whom diphtheria is fully developed there is now, happily, little difference of opinion. Though it is still true that "there is more danger of infection in the case of those who are brought into close contact with the patient, or have the morbid products coughed out upon them," the results of careful observations during recent epidemics point distinctly to the fact that the contagion is neither wholly nor even principally confined to the peculiar deposit which forms upon the throat and other parts, but that there is an infective stage which precedes the appearance of deposit, and remains behind during the stage of convalescence after all signs of false membrane have vanished. There can be little question that the poison in both instances is present in the breath, and probably in other exhalations and secretions.

This, indeed, is nothing more than a fair deduction from Oertel's latest utterances upon the subject, for he has proved conclusively that "the false membrane must no longer be regarded as the first pathological and pathognomonic sign of diphtheritic infection, as the morbid

* These notes formed the opening of a discussion upon Diphtheria which took place at the January meeting of the British Homœopathic Society, and which was printed in the *Homœopathic Review*.

process is going on, not only upon but in the mucous membrane itself," and even this local process is much more extensive than the patches of membrane would lead one to suppose.

These facts naturally suggest what does in fact very frequently occur, namely, the spread of the disease through a household, or at least through the younger members of a household. Faulty hygienic conditions probably aid in preparing a suitable nidus for the disease, but we could all cite cases, occurring within our personal knowledge, where the spread of the disease in a household can by no means be explained upon the direct contact theory.

What is the logical conclusion of all these facts? Obviously, the necessity of treating diphtheria in every respect as a specific infectious disease, like typhus, scarlet fever, small-pox, etc. In private practice, careful isolation, not only of patients where the false membrane has already appeared, but of all those who present either local or general symptoms of a suspicious character; at least until all danger of further development of the disease has passed by. Amongst the poor, inhabiting densly populated neighborhoods, or in the case of better-class patients living in hotels or lodgings, rigorous notification of infectious disease should be carried into effect, and the fever hospital suggested as the only safe residence, both for the patient and those around him. During the present epidemic the medical officers of health of the metropolis have acted in this spirit in relegating cases of diphtheria to the hospitals recently tenanted by scarlet fever cases.

Whilst isolating the patient or patients from the rest of the household let us not neglect an equally important part of the physician's duty, viz.: to remove those still unaffected out of the sphere of such faulty hygienic conditions as would confer a certain amount of receptivity to the disease.* This part of the subject is rather one for a separate paper, but I would like to draw special attention to what is being now recognized as a not uncommon means of the spread of the disease, viz.: the agency of domestic animals.

Emmerich (*Deutsche Med. Woch.*, 1884, No. 8) saw six cases of diphtheria occurring in pigeons obtained from a Munich fancier, who had lost seventy young birds of the same disease. The bacterium, which he describes, is identical in man and pigeons, and inoculations succeeded

* Opinions vary as to whether morbid germs are conveyed into the blood or whether a poison is generated at the seat of infection, which being absorbed produces the general malady. On either view the doctrine that diphtheria is at first a local disease, and that the constitutional symptoms depend upon general infection from this local lesion, is the one to which all investigation tends, and this most harmonizes with our clinical knowledge. Emmerich thinks his researches should lead us to redouble our efforts to ascertain the conditions under which the diphtheria germ can exist apart from the body, and in this regard special attention must be directed to the condition of dwellings.

in pigeons, rabbits, and mice; inoculations from blood, liver, spleen, and kidneys gave like results.

The Philadelphia Medical and Surgical Reporter, 1883, contains a notice of an outbreak of diphtheria amongst a barn-yard of fowls, attributable to infection from the sweepings of a room in which some affected children were confined.

Dr. L. Roth, of Kissingen, reports a violent outbreak of diphtheria in a yard of fowls. Wolff, in a paper read before the Medical Society of Berlin, on a "Wide-spread Acute Mycosis," refers to a mycosis which causes the death of 95 per cent. of the gray parrots imported from Africa. In domestic birds a mycosis is prevalent in every respect resembling human diphtheria; yellow and whitish-yellow membranes are developed upon the most diverse mucous surfaces, and can not be removed without causing bleeding.

Bunce records two instances where whole families were attacked with disease contracted in first instance from cats.

I have seen at least one case of diphtheria contracted, as I had every reason to believe, from domestic fowls.

Granting, then, the necessity of isolation not only of actual but of suspicious cases, how long is it necessary to keep the latter in quarantine? A week, or at the most ten days, appears to be sufficient, always supposing, of course, that every possibility of renewed infection from clothing, linen, carpets, etc., be rigorously included.

2. Duration of convalescence.

The question of isolation leads naturally to a consideration of the next item, that, namely, of the duration of convalescence. As in the case of scarlet fever, it is impossible to define absolutely a period necessary for isolation during convalescence, but it may be put down roughly at about six weeks from the date of infection. (Downes, *Practitioner*, I., 1884, p. 78). In any case the rule should be that no child should return to school who has traces of unhealed throat-illness, any recent enlargement of lymphatic glands in the cervical region, or any indication of disordered innervation or paralytic sequelæ.

3. Treatment constitutional and local.

In looking through the literature of diphtheria nothing strikes one so much as the vast array of drugs, each one of which in its turn has been vaunted as a specific when used internally or topically applied. How few of these, alas, have borne the test or experience is only too well known, and it would serve no useful purpose to go into detail as to cases treated with most of these. During the last decade, however, our allopathic *confrères* have flattered us in the sincerest way they are able, viz.: by openly appropriating some of our standard remedies for diphtheria. Mercury in the form of calomel, of sublimate, of biniodide or of the potent cyanide has been vaunted by Coester (Paris), Koskutzki

(Illingworth) and by Schultz of Greifswald, the last of whom recommends the cyanide in doses of $\frac{1}{240}$ of a grain given every hour (four drops of the 3x dilution, a dose no disciple of Hahnemann need be ashamed of giving even when administered for strictly homœopathic reasons).

Bromine, of which I shall have a few words to say presently, has recently figured in several periodicals both as a local and constitutional remedy after being an acknowledged, though rarely used, remedy by us for a quarter of a century. Indeed, it would surprise nobody to see arsen., phytolacca, crotalus or apis successively appearing as the latest discovery in the domain of rational therapeutics. As my intention is not to read a thesis but to evoke discussion this evening, I will merely enumerate some of the chief remedies at present in use by us and ask for contributions from those present as to their practical acquaintance with any or all of them. They are phytolacca, mercurius biniod., mercur. cyan., crotalus and the serpent poisons, apis, agaricus, and muscarine.

Out of the multitude of local applications it is difficult to select one above another, but there are two methods of treatment, both of which combine at the same time local and constitutional medication, which are, I think, deserving of more than passing mention; one is the use of bromine, and the other the treatment by inhalation of mixed vapor of alcohol, chloroform, and ammonia, as prepared by Dr. B. W. Richardson (*Lancet*, I., 1883, p. 992). The mixture used consists of alcohol, which is first saturated with ammonia gas, and then mixed with an equal proportion of chloroform, a quantity sufficient to produce gentle narcosis being inhaled from a Woolf's bottle, and repeated every two hours. The advantages claimed for this plan by Richardson are

1. The narcosis, which in the restlessness caused by impeded respiration, especially in children, is worth considering.
2. Reduction of temperature.
3. The fluidity of the blood is maintained.
4. A local antiseptic effect is produced.

I can not avoid the suggestion that ammonia may very fairly be looked upon as truly homœopathic to the worst adynamic forms of the disease.

Bromine has been used of late both internally and externally. Schultz strongly recommends it, and Kramer has used half per cent. solution of bromine in bromide of potassium with good effect. Hiller uses a simple aqueous solution of bromine 1:500 for inhalation, and a stronger one for painting, the latter being performed every half-hour and the former every fifteen minutes. A plan much to be preferred is to administer bromine as an inhalation, and a ready means of doing this has long been a desideratum. In the preparation of which I herewith hand round a specimen, I think we have as nearly as possibly reached

this desideratum. It is bromoform, or rather bromoform containing a small proportion of free bromine. It has been tested at my suggestion by several colleagues, and it appears in many ways to fulfill the conditions necessary to a local application fit for use in all cases whether pharyngeal, laryngeal, or tracheal. The substance is of course the homologue of chloroform, where bromine stands in place of the chlorine. Like chloroform it is an anæsthetic, but it resembles iodoform in the ease with which it is split up when brought into contact with decomposing organic matter. To adults it is best administered by means of one of the many forms of oro-nasal respirator; in the case of young children I have been accustomed to make use of an ordinary cup sponge wrung out of boiling water; twenty or thirty drops of bromoform are then dropped into the hollow of the sponge, and the latter is held close to the mouth for ten minutes. This may be repeated every hour or oftener if necessary. I have never seen any unpleasant effects follow the use of the bromoform, and as a rule the relief to labored breathing is most pronounced. The number of cases in which the substance has been tested is as yet too few to enable one to say too much as to its value. In one case of tracheal diphtheria (where tracheotomy had been previously performed) seen in consultation with Dr. R. Smith, of Mile End Road, bromoform was applied in the manner mentioned above, *i.e.*, from a sponge, and the patient made a good recovery. More recently I had the opportunity of trying it, in conjunction with Dr. Buck, in a boy aged nine. The deposit had penetrated the larger air passages when we first saw the patient together, and I discouraged all idea of tracheotomy, as I considered the child moribund. Dr. Buck willingly consented to a trial of bromoform as a last resource. The child made a slow but steady recovery.

The question of tracheotomy for diphtheria has been so recently discussed before this Society that I will not take up your time by weighing the pros and cons of the operation ; I should, however, be very glad of an expression of opinion as to the value of the operation of intubation of the larynx as recommended by O'Dwyer as a substitute for trachæotomy. In his hands it appears to have been wonderfully successful, for out of ninety-five cases where trachæotomy would have been otherwise performed, no less than twenty-eight recovered.

4. Treatment of sequelæ.

(*a*). Albuminuria calls for arsenicum.

(*b*). Fatty degeneration of kidneys and muscular tissue suggests phosphorus.

(*c*). Paresis of respiratory muscles seems to have been successfully combated by the subcutaneous injection of one milligramme of strychnine coupled with faradisation applied especially to the phrenic nerves. Paralysis of the ciliary muscle ought to yield to atropine.

The abolition of the knee-jerk which Bernhardt insists upon so much as being present from the 4th to the 20th week of convalescence, ought to yield to curare.*

For impending paralysis of the heart, Jousset† recommends agaricus, or its alkaloid muscarine (? in tangible doses).

BRIEF NOTES ON MATERIA MEDICA.

By J. E. Winans, M.D. ‡

APOCYNUM CANNABINUM is a remedy which should be borne more frequently in mind in cases of persistently slow pulse (50 to 60), in acute affections of men much addicted to smoking.

Last winter we had a young married man for a patient, who, to all outward appearances, was a strong and robust man. Was taken with pleuro-pneumonia of right side, and improved promptly under bryonia, but suffered a relapse, so liable in pleurisy cases, and the pulse remained persistently slow for a long while after the other symptoms—cough, temperature, etc.—were no longer of any moment. We were puzzled for a while how to account for this. The pulse was soft, full, remaining from 52 to 56 for many days; was not intermittent but somewhat variable, showing at times two or three beats more in one minute, or half minute, than in that just preceding. We questioned him as to his previous tobacco allowances, and found that it had been his habit to smoke an average of five to six cigars a day, and to drink from two to three glasses of beer. Here, we thought, we had the clue. By referring to Tabacum, we found a slow, soft, variable pulse; as to beats, as low as 45 in one case, and 50 to 60 in another. This much then was explained. At the time, we were engaged in looking up cough symptoms for our "Time Table," and were led to the remedy in this way, through other symptoms. We found pulse to be just about this slow, and variable, under apocynum can., which also met several other symptoms. By consulting symptom 40 in Allen's Materia Medica, we found starred: "Sense of oppression about epigastrium and chest, several times so great that there was the greatest difficulty in getting breath enough to smoke a cigar," etc. (To those who may wish to investigate further, we would say look up Drs. Chapin's and Wanstall's provings, recorded in the appendix, vol. x., of Encyclopædia.) Other symptoms indicative of the remedy, in our patient, were: Lowness of spirits (like many other remedies); an irresistible inclination to sigh frequently; mouth

* Have we not in the knee-jerk a means of testing the completeness of a patient's recovery?

† *Leçons de Clinique Médicale*, p. 520.

‡ N. J. State Hom. Med. Soc.

very dry, on awakening ; tongue coated brownish-white—never before met with under any remedy we were acquainted with ; cough, with pain in lower anterior right chest, extending upwards (at times) to clavicle, and with "expectoration of white mucus."

Now, as to clinical application in future cases. We think enough has been given to make this remedy a prominent one in cases of the so-called "tobacco heart," as the result of excessive smoking. We know we were very glad of its aid in this instance. We gave Boericke and Tafel's 1000th potency, and were well satisfied with it, as in fact we have always been with the action of their higher potencies—200th and upwards.

In cases of hydrothorax following pleurisy, or in cases of relapse after the previous exhibition of bryonia, or in abuse or over-action of the same, it would be well to bear this remedy also in mind.

Likewise, in hæmorrhages from lungs or uterus, when attended by the characteristic tongue or slow pulse, in connection with other concomitants, as above given.

It resembles lycopodium in bloating of feet and ankles, and acts well as a complementary remedy in incipient œdema of the lower extremities. Compare with apis, bry., cainca, oleum an., colch. and dig., principally.

Lycopodium.—Speaking of the effects of tobacco leads us to make a few observations, in this connection, upon lycopodium as a remedy very frequently called for in tobacco chewers.

Breyfogle's Epitome gives as one indication : "Ulcers in mouth, or on tongue, from tobacco." However that may be, we think it of enough importance to speak of it in other connections—the more especially as Bönninghausen gives but one remedy for the ill-effects of tobacco chewing, viz.: arsenicum. To this, we think, should at least be added three very prominent remedies—carbo veg., lycopodium, and nux vom., with, perhaps, ipecac. in beginners.

Before proceeding to give lycopodium indications, we would remark the wide-spread prevalence of hernia among tobacco chewers, the general muscular laxity being especially prominent in the inguinal region. Allen gives, "feeling of powerlessness in the right groin," under tabacum ; but I am satisfied that its special local influence over the muscles immediately associated with the inguinal canal has been hitherto overlooked, perhaps unsuspected. Hering's Guiding Symptoms give indications, by way of clinical verification of this local affinity of tabacum for these parts, for its administration in case of strangulated hernia, but we will not here transcribe them. Suffice it to say, that our attention has been called so forcibly to the prevalence of hernia among tobacco-chewers, and also the even more frequent indication of lycopodium than of nux vom. in the troubles of such patients, that we felt impelled

to call the attention of members of our State Society to this clinical observation which we have verified.

The dyspepsia of tobacco users are such as call most frequently for the three remedies previously named, viz.: carbo veg., lycopodium, and nux vom. We will distinguish them briefly as follows :

Nux vom. seems more adapted in such cases wherein the patients are also "high livers" and drinkers, use strong coffee, have constipation with hemorrhoids, etc., and are much given to mental work. The dyspepsia is mainly gastric, with pains in stomach directly after eating or even while eating, and succeeded later by heartburn, water-brash, and sour or bitter eructations, the flatulence due to this indigestion pressing upwards upon the thorax.

The carbo veg. dyspepsia seems to begin where nux vom. leaves off, and to occupy an intermediate abdominal sphere between nux vom. and locopodium. The dyspepsia is especially apt to be induced or aggravated by butter and fatty foods in general, pastry, etc., etc. The flatulence is usually confined to the stomach and upper bowels ; but here it is not infrequently quite excessive, causing at times much painful distress as well as annoyance from belching, etc.

Carbo veg. patients are also apt to be worse in warm, sultry weather (like belladonna), and are especially found among such as are sufferers from albuminuria, from one or another cause, and in such as have been previously overdosed by arsenicum. The distress pressure is more apt to be located on the left side of abdomen and back, so that patient can not sit or lie well ; feels most comfortable leaning backwards with a pillow under the part of back and side complained of.

Lycopodium patients are mentally active, and frequently more than ordinarily intelligent, but much given to irritability, imperious, scolding, dictorial, hard to please, and given to discrediting the value of any and every therapeutic agency employed for their relief. The tongue is usually but slightly coated, moist, and slightly tremulous. Especially frequent is a very slight light-gray coating upon the tongue, which we have not found under any other remedy. It is a purely clinical observation, so far as we know. The flatulence is mostly in the lower bowels, and accompanied by a sensation of fullness in stomach and abdomen after eating a few mouthfuls. Patient, though feeling hungry on sitting down, can often make but a moderate meal, and must desist.

Other symptoms of lycopodium we would call attention to, are the dryness of the palms of hands, in fever, and its adaption to delicately organized patients in general.

But, before leaving, we must again recur to its use in tobacco-chewers. We find the following in Allen, under Tabacum, Symptom 1116: "Convulsions, the head firmly drawn back, with rigidity of the muscles of the posterior part of the neck ; there were constantly recurring rigid tetanic

spasms, the muscles of the back being principally affected, till death, a week after he chewed the tobacco." We have verified this effect of tobacco, only our patient did not die. He had clonic, opisthotonic spasms, closely simulating cerebro-spinal meningitis, which, in fact, we believe it really was—only, in this case, induced by excessive tobacco-chewing. Lycopodium cm. and mm., with sinapisms to spine (made with white of eggs instead of water, to avoid blistering), brought this case through nicely and speedily. The medicine was repeated after each tetanic spasm, as recommended by Dr. H. N. Guernsey, in his work on obstetrics, under head of Cerebro-Spinal Meningitis. To those extremists in our ranks who may feel inclined to criticise the use of any local adjuvants, we would say that we have never yet seen any ill-effects from this course, while, on the other hand, we have never failed (as yet) to promptly cure such few cases of this comparatively rare affection as we have hitherto met with, by this procedure, in conjunction with the homœopathic remedy internally; and what more can we ask?

Some one—I think at last year's meeting of the I. H. A. at Saratoga—spoke of silicea as a remedy frequently disappointing him in bone diseases, when given high. This leads me to remark that I think a close analysis of many of these cases would show them to have been those simulating certain silicea indications perhaps, but where the totality of symptoms would have pointed out some other remedy, such as calcarea carb., calcarea phos., lycopodium, and phosphorus more especially.

Two points of similarity, as given in our books, we will here notice. They are symptoms ascribed to silicea, where we judge lycopodium to be as often called for—perhaps as a complementary remedy. (!)

Bell, in his monogram on diarrhœa, in his closing remarks on silicea says: "The forehead is also often cold, but becomes warm if lightly covered, which is a very marked symptom of silicea." However that may be, all we can say is that we noted this very condition once in a case of congestive chill, in an infant, calling for lycopodium. While speaking of this, do not forget lycopodium in pernicious intermittents, with a long-lasting chill coming on at 9 A.M., and finally passing off without subsequent heat, or sweat. It may prove invaluable.

Another is the symptom aggravation from nursing during the period of recovery from confinement. Hering gives: "The mother complains every time she puts child to breast; pure blood flows every time child nurses." We recently had just such a case, where silicea signally failed to relieve this condition. We were absent from home for two or three days thereafter, and, on returning, learned that our patient had had a hard chill at 9 A.M. the day after we saw her last, but that the powders (silicea) had not seemed to affect those uterine pains, etc., from nursing, in the slightest. Taking into consideration that the day in question was cold and rainy, and that lycopodium had some years

ago carried the patient nicely through a severe attack of pleuro-pneumonia, we have no doubt that it, if given instead of the silicea, would have met the whole case completely. As we could not follow up the case, we can only speculate in the matter, but thought by referring to it, perhaps some member might be able to verify our conclusions at some future time.

It seems even more often called for than dulcamara in case of infants who become worse from a sudden accession of cold, damp weather.

A peculiar and characteristic lycopodium indication is odorless stools of green, stringy mucus. In general, lycopodium most resembles bryonia, and probably follows it oftener than any other one remedy.

Nitro-Muriatic Acid. (*Aq. Regia.*)—Here we have a remedy long and familiarly known, and yet of whose clinical application we as yet know almost nothing. Its effects seem to incline more toward those of its hydrochloric partner. We were led to look it up in one case of bilious fever, following alumen, by reason of the patient complaining of burning in the roof of the mouth.

Allen, in his Materia Medica (Index) gives this as the only remedy. Upon turning to Symptom 26 (Generalities), we found, as effects from the 30th potency : " Very much worn out by much hard study and little exercise ; felt mentally and physically depressed, as I did previous to having typhoid fever ; felt very weak after moderate exercise in gymnasium," etc.

Then turning to vol. x. (Appendix), we found, as results following bathing in acidulated baths for four successive days : " Since yesterday have felt some pain in my throat, seeming to follow the course of œsophagus. Throughout this forenoon, I had a *sense of burning over the roof of my mouth* and down the gullet, like that arising from having chewed an acrid vegetable substance."

The next day, mouth somewhat painful, although not ulcerated.

" Four days later, effects still felt in mouth ; pulse quicker than usual, and some degree of languor, the weather being very hot. A month later, the prover records that the effects upon his mouth and pulse remained for a fortnight after leaving off the bath. At length, little specks or small ulcerations, extending no deeper than the cuticle, are seen on the interior surface of the mouth and over the tongue, so that some degree of excoriation or rawness is produced. This is attended by considerable ptyalism, with an increased feeling of lowness or depression." (The symptoms here clinically verified, and italicised, should be likewise either starred or italicised by all possessors of Allen's Materia Medica.)

" The *excoriation* from this acid *never reaches deeper than the cuticle ;* it *never gives rise to fetid ulcerations* of any kind, nor does it produce any offensive smell in the mouth or of the breath. The excoria-

tions in the mouth generally disappear in a day or two, if the remedy be discontinued," etc. The salivary secretion seems to be poured forth, and suspended by turns, at varying intervals.

Now to our patient more particularly. The vesicles upon the tongue, preceding epithelial desquamation, were more especially seen upon the left side, of a dry, yellowish-coated tongue—such as we not infrequently meet with in cases of pneumonia. Nitro-muriatic acid 30th and then 60th (of our own potentizing) was administered, and was possibly repeated too frequently. It was followed by an irregular pulse, intermitting every fourth beat, showing the predominance of nitric acid effects. (Muriatic acid has intermission with every third beat; nitric acid and nux vom., every fourth or fifth.) The tongue felt swollen (Bapt. Petrol.), and there was a feeling of weakness and "goneness" at the pit of stomach, with an aching extending thence to the spine. These latter symptoms led us to decide upon baptisia as the remedy to succeed nitro-muriatic acid, and marked improvement set in promptly thereupon. As to nitro-muriatic acid symptomatology again, the mouth symptoms cited seem sufficiently analogous to those from arum triphyllum, as to suggest it in cases of poisoning from the latter, as a possible antidote.

It may perhaps be found serviceable likewise in following the latter remedy, in cases of remaining debility after malignant scarlatina or diphtheria, where arum tri. has been previously indicated. It may possibly be antidotal also to alumen, which it followed in the case above narrated, and be itself, in turn, antidoted also by baptisia (?).

Other of its symptoms (provings) are "flutterings of the heart while eating dinner," upon two successive days. (Sepia has palpitation, excited after eating.) After fifteen minutes at dinner, the prover "started for the cars"; was late, and so "had to run part of the way, but after running slowly half a square, was taken with fluttering of the heart, obliging him to walk." Soon after the fluttering of the heart, ptyalism set in, with rapid secretion of saliva for a few minutes, then gradually decreasing—for about one hour, in all. This might suggest its application to persons traveling, with but a few minutes for "lunch" at the railway eating-houses, or when obliged to leave their own homes, after hasty eating, in order to take a train. (Naja tri. has bad feelings, from quite a similar state of affairs.)

Symptoms of stool are desire with ineffectual urging, by reason of constriction of sphincter ani. This, again, is traceable to its nitric acid constituent, and would doubtless be antidoted by either alumina or nux vom., which have similar conditions.

Under "respiratory organs," we find the fumes to have produced serious inflammation of larynx and bronchial tubes. Other symptoms are "pain in right side of back while taking a cold bath"; slowness of

digestion, especially of bread or bread and milk. (Compare arg. nit., bry., merc., nit. ac., nux m., sepia, and zinc.)

Symptoms mostly present or aggravated in the afternoon and evening. "Sleepy, with headache, at 1 P.M., worse at 4 P.M., and continuing until retiring rather late at night (11 P.M.) Likewise chilliness at 1 P.M., while sitting by the stove, reading, beginning at a line drawn around chest and arms at about the level of the diaphragm and passing upward to vertex. Other effects arising from positions of body, are "contractions of pharynx, while writing at a low table," and "a languid aching through hips, anterior of thighs and small of back, from having rested arms upon the thighs."

LYONS FARMS, N. J.

A RARE CASE OF INTESTINAL OBSTRUCTION IN THE NEW SOMERSET HOSPITAL, CAPETOWN.*

J. M. was admitted to this hospital on Friday, the 15th instant, with a note from a medical man saying he was suffering from intestinal obstruction.

He was frequently vomiting, and had had no action of the bowels since the previous Sunday. There was little or no pain, or tenderness on pressure in the abdominal region, but a circumscribed dullness on percussion, about the size of the palm of the hand, in the umbilical region.

The temperature was normal, and the pulse tolerably good.

Everything swallowed was promptly rejected, and this vomiting was practically the only symptom upon which to base a diagnosis.

Enemata at first produced a small motion, and afterward were returned only stained with fœcal matter.

Warm water to the extent of three or four pints was injected, without any result. Calomel and opium pills were ordered, but could not be retained.

On the Sunday, however, he passed a good-sized motion, but soon afterward became suddenly collapsed, and died.

A *post-mortem* examination was made. There were no signs of peritonitis or undue distension of the intestines.

A distinctly stercoraceous fluid was issuing from the mouth, which had not occurred before death.

A piece of the jejunum, about six inches long, was perfectly black, as if gangrenous, and distended with some soft material. This was carefully excised, and a closer examination showed a large clot of blood extravasated between the peritoneal and muscular coats of the intestine,

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* South African Medical Journal.

which thus practically blocked it, and prevented any passage. There was no opening into either the peritoneal cavity or the intestinal tract, and when the clot was removed there was nothing to interfere with the natural functions of the bowel.

This extraordinary condition of affairs could only have been made known after excision of that piece of the bowel, and would never have been guessed from external appearances, especially as no mention of such an occurrence is to be found in any work on surgery within reach.

The natural conclusion arrived at was, that the patient had received a blow on the abdomen, and investigation elicited the fact that he had been fighting some few days previously, though he never mentioned it, or attributed his illness in any way to it.

[The reading of the preceding paper recalled to the editor's mind a recent case of alleged intussusception, which, however, was eventually cured.

The patient, a married lady, æt. 34, nulliparous, hardly ever ill in her life, save an occasional colic, was taken with one of the latter, and sent for the nearest O. S. physician and this gentleman succeeded in quieting the cramps and colic so effectually that the peristaltic action of the intestines also ceased, or apparently so. After a week's futile dosing of the occluded bowel with purgatives galore, the crampy pains returned, and with them came stercoraceous vomiting. He at once pronounced it intussusception and irremediable. Upon his departure a still more aged and experienced O.S. practitioner was called in, who likewise diagnosed it as being either intussusception, or a knot tied in the small intestine. He, too, went heroically to work with massive doses of calomel and copious and frequent rectal injections ; but at the end of the fourth or fifth day he appeared before the patient in tears and much distress, told her the malady was fatal ; bade her stand it as best she could, to take the large doses of morphine prescribed every so often, and God bless her, for in two days and a half she would be numbered with the innumerable caravan, etc., etc. This last episode occurred on a Thursday morning. Thursday night a message came seven miles to ask me to come and look at the case. Found a strongly built woman, plethoric, pulse about 100, temperature 102°+ ; salivation, tympanitis, stercoraceous vomiting, excessive stupor brought about by the free use of morphine. No appetite ; but little thirst ; frequent desire to go to stool but without result. A careful exploration of the abdomen revealed an exceedingly painful spot over the ileo-cæcal valve ; another over the sigmoid flexure ; but the principal seat of the cramp and exhausting pain was referred to the colon, which became prominent and distinct during the pains. I gave nux vom. at ntervals of half an hour ; applied alternately hot and cold moist cloth

to the abdomen : used massage, following the large intestine closely, and in the course of an hour and a half had the pleasure of seeing the tympanites give place to a mobile and pendulous condition of the abdomen. Subjectively now the pain was referred to lower portions of the abdomen. On my return on Friday I noticed the flushed face and red eyes, throbbing carotids, photophobia, and exquisite sensitiveness to the slightest jar. The temperature kept up, though the pulse was dropping slowly. The stercoraceous vomit had given place to a glairy, greenish, frightfully bitter liquid. Deeming this an emergency case I had taken several books with me, and in an outer room I worked out the new symptoms ; on these I gave belladonna. On the day set for the funeral the pains had increased to so alarming a degree that the family began to clamor for morphine (which I had taken away when I undertook the case). In place of morphine I now instructed the husband in the use of chloroform, hoping thereby not only to deaden the pain but relax the muscles which were retaining the fæces. The anæsthetic was excellent, but the pains became so multiplied that I was obliged to do something in addition to quiet the family while waiting the action of my remedies. I looked about for a pair of bellows, as recommended by Helmuth and other celebrities, believing this expedient of inflation of the intestines to be the least harmful of all the other local measures advocated ; not finding any I resorted to a tartaric acid and bi-carbonate of soda injection. I still continued the belladonna in potency. On Saturday morning as I left the patient I was fearful that if intussusception had really taken place adhesions might have formed, and unless improvement of a very marked degree showed itself in twenty-four hours I would ask to be permitted to perform laparotomy. That evening at four o'clock a soft, yellow-greenish, and profuse stool passed, quickly followed by three others. There was joy in that household ! This lady is well to-day. And "Little Pills"—who was so bitterly denounced by the O. S. doctors and patients for adventuring upon such a case—which would be paramount to raising the dead—receives the credit. Homœopathy has gone to the head of the class in this community. Was this intussusception, or twist ? or was it, as I claimed from the start, simply a paralytic state of the intestine induced by the anodyne mixtures of the first, and the morphine dosage of the second O. S. doctor ?—Editor.]

CORRESPONDENCE.

To the Editor :—Your publication of an able paper on repetition of doses contains certain suggestions ; one is, "When giving repeated doses they should be given in water. I don't know why this is—have no theory of explanation : but I am sure these are the better methods."

The reason is, that the sugar of milk in the powder is instantly impregnated with the medicine from the pellets, and consequently a *larger* dose is given—while a dose put in a half-glass of water, and given a teaspoonful at a time, is a much *smaller* dose; the remedy is no potentized in a half-glass of water—but will be if that is emptied and refilled.

To be satisfied I am right, let any physician, when he has his powder with the medicine in it, all ready to give the patient, after five minutes carefully pick out each pellet of the medicine, and give the powder of sac. lac. alone, and he will get the same result as if not separated.

SAMUEL SWAN, M.D.

13 West Thirty-eighth Street, NEW YORK.

TO THE EDITOR:—The O. S. prepared a bill for the establishment of a Board of Health for Nebraska, said board to act also as a licensing Board. In their bill they did not propose to recognize us. Our legislative committee, Dr. Van Sickle of Hastings, Neb., being added to those given above, together with myself, went quietly to work and formulated a bil similar to the one prepared by the O. S., yet much more stringent in its requirements. We secured its introduction, together with the first and second readings in the House of Representatives, before the O. S. awoke to the fact that we were alive. Our bill provided for a board to consist of 3 O. S., 2 homœopaths, and 2 eclectics. Well, our O. S. friends recognized that we had a strong backing in the Legislature, and that we had formulated a good bill, and invited us, together with a committee from the Eclectic State Society, to hold a conference with their legislative committee. We accepted, and the representatives from the three schools came together, not to quarrel and bicker, but to confer with each other as to the best methods to be pursued to raise the standard of medical education. A new, or "compromise" bill was thereupon formulated and introduced. The compromise bill provides that the board shall be composed of 4 O. S., 2 homœpaths, 1 eclectic; but the other measures are so made that it is impossible for one school to do the other an injustice. The bill has now passed through the hands of the legislative committee on medical legislation, and is ready to report back to the House for its third reading, and as soon as the bill as amended by us before the committee is printed, will send you a copy. The bill was formulated after the most careful study of the bills of the States, and we believe it to be the most complete one yet prepared, and there seems to be but little doubt as to its passage. Further I can not speak too highly of the courtesy manifested by the different schools toward each other, and especially was it evident that the desire of the representatives of the Old School was to aid us in securing a strong bill that should do justice to all. Believing this to be a thing in the past of rare

occurrence, I take pleasure in recording it. I also would say that the *original* bill introduced by us was drawn by Dr. C. M. Dinsmoor of Omaha, who for many years has faithfully striven for the accomplishment of this end. Too much praise can not be accorded Dr. Dinsmoor for the noble, self-denying work he has done, and we all feel like congratulating him on what seems like the crowning of his labors with success. Drs. Paine and Righter and Van Sickle have always been earnest helpers.

B. F. Bailey, M. D.

Lincoln, Neb.

A prominent New York daily of recent issue contained a description of a case of a man supposably frightened during the night time, and a consequence being the displacement of the heart, the remarkable statement being made that the organ was removed some three inches from its normal position. Such widespread publicity has been given to this report that we give place to the following solicited letter from the attendant physician :

Dear Editor :—Yours of 26th received, and would say the article in regard to the man is purely sensational. The *World* report is manufactured out of the whole cloth, and places words in my mouth I have never said or ever expect to. The man has hypertrophy and mitral insufficiency, and there would be no new light I could give to the profession by reporting the case, as they come up in general practice time and time again.

Thanking you for the attention given,

I am yours, etc.,

T. S. Davis, M.D.

Plainfield, N. J.

SOCIETIES.

New York.

The Homœopathic Medical Society of the State of New York held its thirty-eighth annual session in Albany, its opening session beginning on February 12 and closing on the following day. The worthy President, Dr. W. Tod Helmuth, was present and presided over the deliberations of this important medical body, his annual address being replete with practical suggestions, but principally to the necessity for concerted action as against the aggression of our elder brother, who was seeking by every means to legislate us out of existence. The following order of business we extract from a rather voluminous account sent us by Dr. Paine :

After the appointing of the usual routine committees, and in

accordance with the report of the censors, the following were elected permanent members :

Jennie V. H. Baker, J. E. Russell, Samuel Eden, O. S. Ritch, Hugh M. Smith, Frank E. Caldwell, Clark Burnham, E. W. Avery, Walter R. Winchell, Harriet Baskelos, of Brooklyn ; William H. Nickelson, of Adams ; William E. Rounds ; C. S. Elebosh, J. M. Schley of New York ; Robert N. Flagg, Yonkers ; W. N. Bell, Ogdensburg ; R. S. True, Syracuse ; Helen M. O'Connor, New York ; George E. Tytler, New York ; P. O. Benson, Skaneateles ; R. W. Robinson, Auburn ; Barton S. Partridge, East Bloomfield ; Joseph T. O'Connor, New York; Martin Duchese, New York ; J. W. Dowling, Jr., New York ; T. E. Williams, New York ; D. J. Roberts, New Rochelle.

A committee consisting of Drs. Lewis and Norton was appointed to investigate the system relative to the payment of dues to the State society by the county societies. The next order of business was the nomination of officers, which was then proceeded with.

A letter was read from Dr. Holding, of Glens Falls, declining the nomination of necrologist, and E. Hasbrouck and A. R. Wright were named.

Mr. Clarence Bartlett, of Philadelphia, was elected an honorary member.

The Committee on the President's Address recommended the following resolutions :

That this society accept with cordial and emphatic approval the argument urged by the President in his address for a separate State board of medical examiners for the school of medicine represented by this society.

Resolved. That the committee on legislation is hereby authorized and empowered to petition the Legislature to continue the boards of examiners for each school of medicine as provided by the law of 1872, and to make the said law compulsory instead of optional with regard to licensing medical graduates to practice medicine in this State.

The Committee on Legislation reported a number of excellent resolutions, among which is one directed to the prohibition of tobaccos to young people under fifteen ; one to correction of partisan way of recording cases in the Surgeon General's office ; and one to the continuation of separate State boards of medical examiners.

Dr. Vandenburg objected to the seal of the society as in no sense a good representation of Hahnemann.

After recess the bureaux of Materia Medica, Clinical Medicine, Pædology and Surgery were opened and disposed of.

The reports from the bureaux on Climatology, Histology, and Otology were passed ; while from the bureau of Laryngology papers were read on "Dangerous Hemorrhage after Tonsilotomy" by Dr. F. Parke Lewis, and "Ethmoiditis" by Dr. L. A. Bull.

The evening session was an address by President Helmuth on "Sectarianism in Medicine," which was followed by a banquet at the Delavan House.

The second day's business opened with a report from the bureau of Mental and Nervous Diseases, made by Dr. Gorham, which proved to be simply an apology for not having a bureau. The bureau of Obstetrics presented a number of good papers. The question of potency as usual reared its badly battered head, and was, as usual, again severely bruised. Sometime, probably not yet for a few years, this vexed problem will cease to be sprung on the New York State Society.

The election resulted as follows: President, Dr. Herbert M. Dayfoot of Rochester. Vice-presidents, Drs. S. F. Laird of Utica, J. C. Greenleaf of Owego, and S. F Wilcox of New York; secretary, John L. Moffat of New York; treasurer, Dr. A. B. Norton of New York; necrologist, Dr. A. R. Wright of Buffalo. Censors—N. D., Drs. H. L. Wald, E. R. Coburn, L. M. Pratt; S. D., Drs. W. L. M. Fish, W. C. Latimer, W. G. Searles; W. D., Drs. L. A. Bull, A. R. Wright, DeWitt G. Wilcox; M.D., Drs. H. M. Paine, N. B. Covert, L. L. Barnard.

The next semi-annual meeting will be held at Rochester on Sept. 17 and 18. After some further routine business the society adjourned.

POINTS FROM DISCUSSION.*

Pulsatilla is the best remedy for simple enlargement of the spleen.—Dr. Albertson.

Burnet advises ceananthus for splenic enlargement.—Dr. F. P. Lewis.

Gonorrhœa is best treated by internal remedies alone for a week, beginning with acon. and gels. followed by can. sat. If it runs over eight weeks there is probably a stricture, to be treated by graduated sounds or electrolysis.—Dr. Wilcox.

Canth. is a good remedy in the first stages, and creolin locally has beneficial.—Dr. Martin.

Retrojections have failed to cut short the gonorrhœa in half a dozen cases in which I have tried them, though the hot water seemed to relieve the acute symptoms to some extent. Simple hot water irrigations seem to answer the purpose as well as the weak bichloride solutions recommended by Keyes and Brewer.—Dr. Moseley.

During the early stages it is good treatment to allow the organ to hang in a glass of hot water for several minutes night and morning.—Dr. Bull.

Prof. Doughty reports a case aborted by apis internally.—Dr. Buck.

* From Discussions at The Fortnightly Medical Club, Buffalo, *Physicians and Surgeons' Investigator.*

In a case presenting the initial symptoms after suspicious intercourse Dr. Maycock thinks he aborted the attack by injecting a 10 per cent. sol. of nitrate silver.

Strong injections for this purpose are dangerous and should seldom be used. The tendency is toward too much local treatment.—Dr. Martin.

Dr. G. W. Lewis advocated aqueous hydrastis as a local application and reported much trouble from balanitis, with intense pain from swelling of the glands and stretching of the prepuce.

For a case of this character, prolonged immersion of the penis in water as hot as can be borne is probably the best means of reducing the swelling. In a case of paraphimosis with complete strangulation of the glans, great swelling and exquisite tenderness, the hot water used three or four hours daily for two days, so relieved the congestion that the foreskin was drawn over the glans without incision.—Dr. Moseley.

As an injection during the purulent discharge hydrogen peroxide 10–50 per cent. sol. has given good results.—Dr. Wilcox.

During the gleety stage when there is a feeling of a discharge constantly within the urethra, kal. bich. is the remedy.—Dr. Bull.

Vinegar in ounce doses is more reliable and speedy in action than ergot, in post-partum hemorrhage ; also as a vaginal injection diluted one-half with water, it is an excellent hæmostatic.—Dr. Albertson.

Belladonna ointment is a good application to hasten the dilatation of a rigid os.—Dr. Wilcox.

In cases where pains are annoying, but ineffectual, no progress is made, and the patient's strength diminishes, it is good practice to stop the pains and procure sleep for the puerpera by full doses of chloral hydrate, giving nature time to recuperate ; when after awakening the uterine contractions will begin with renewed strength and labor progress normally.—Dr. Moseley.

As a promotor of rhythmical uterine contractions in labor, the two-grain tablets of caulophyllin leave nothing to be desired.

The pad to receive the lochial discharges should be a perfect antiseptic occlusion dressing, thus keeping the discharge almost odorless and preventing sepsis.—Dr. Moseley.

A bichloride solution 1:250 will not kill the bacillus of tuberculosis.—Dr. G. W. Lewis.

Many a post-partum hemorrhage may be prevented by exhibiting aconite in the first and second stages when the pulse is full and hard, and patient feverish. Also, ipecac is the first homœopathic remedy to be thought of when hemorrhage occurs.—Dr. Albertson.

LITERATURE.

Scribner's Magazine for March contains articles on a great variety of subjects, from the practical questions of the Railway Mail Service to the subtleties of Economy in Mental Work. Thomas L. James, Postmaster-General in Garfield's Cabinet, is author of the R. M. S. paper, and his description is lifelike and graphic. His effort to induce a better feeling for the "boys" is commendable, and the effort is doubtless appreciated by the service and its early consummation devoutly wished for. There was a time, however, when Gen. James had the power to help the service by keeping his hands off; but, moved by an economical streak, he succeeded in reducing the pay of every then grade of postal clerk, and this reduction of wages continues to this day. The R. M. S. men are not now and never were overpaid, and the annual reduction of one hundred dollars was, we believe, uncalled for. Before the pension recommended is acceded to, let the scale of wages be restored to where Armstrong, Bangs, and Vail had put it. An Animated Conversation is deserving a second reading.

Century for March is, if such a degree of comparison may be indulged, better than any number which has preceded it. The Emancipation Proclamation in Lincoln's own handwriting is a treasure to be valued by every possessor thereof. Messrs. Hay and Nicolay are writing a history that will live as long as the English language. Geo. Kennan is in the first place this month, with his Siberian story. The extracts from letters written by a supposed Irish politician in New York, who uses his aldermanic influence to further his private funds, and eventually emigrates to Montreal, is a wonderful piece of literary workmanship.

"Electro-Therapeutics," by William H. King, M.D., and "The Relation of Homœopathy to Natural Science," by E. B. Atkins, M.D., are the titles of two works in press, and will be issued during April by A. L. Chatterton & Co.

Bartley's Pocket Urinary Test Case is a multum in parvo. With this vest-pocket case a good clinical examination of the urine can be made at the bedside. It has been of much service to us and we cheerfully recommend it. Price by mail, $2.00, of the Physician's Supply Mfg. Co., 140 & 142 Nassau Street, New York.

Exploration of the Chest in Health and Disease. By Stephen Smith Burt, M.D., Professor of Clinical Medicine and Physical Diagnosis in the N. Y. Post-Graduate Medical School and Hospital, etc. New York: D. Appleton & Co. 1889. pp. 206.

Medical Diagnosis: A Manual of Clinical Methods. By J. Graham Brown, M.D., Fellow of the Royal College of Physicians of Edinburgh, late Senior President of the Royal Medical Soc. of Edinburgh. Second Edition. E. B. Treat, 771 Broadway. 1888. pp. 285.

St. Nicholas treats us to one of Palmer Cox's Brownie stories and pictures. The Bells of St. Anne are proving interesting as well as instructive.

The Ear and Its Diseases, being Practical Contributions to the study of Otology. By Samuel Sexton, M.D. New York: William Wood & Co. 1888. pp. 450.

Proceedings of the Twenty-Fourth Annual Session of the Homœopathic Medical Society of the State of Ohio, held at Delaware, May 8 and 9, 1888. Hamilton, O. : *Daily News* Book and Job Rooms. 1888.

Physiological Materia Medica, containing all that is known of the Physiological Action of our Remedies ; together with their Characteristic Indications and Pharmacology. By Wm. H. Burt, M.D. Fourth Edition. Chicago : Gross & Delbridge. 1888. pp. 1109.

Other books and pamphlets have been received, and will be noticed shortly.

OUR EXCHANGES.

—Homœopathic Students.—Students are everywhere admitted to homœopathic colleges on their merit, without regard as to where that merit has been attained, but it may interest the intelligent, even the laity, to know that there is not one of the old school colleges among the hundreds in this broad, " Christian " land that will admit a homœopathic student, no matter how high his qualifications may be, and give him the least credit for anything he possessed, if it is known that he derived his knowledge from a homœopathic college or under a homœopathic practitioner of medicine ; and yet our students learn their anatomy, physiology, chemistry, surgery, and many other branches, from the very same text-books. We do not complain of this, for it has resulted in good to the homœopathic schools and colleges, but it need hardly be commented upon. This code of ethics of the old school is derived from the preceding ages of barbarism and persecution, though many of its adherents have the inconsistency of professing Christianity, the key-note of which is altruism.—J. D. Buck, M.D.

—A Rhus Tox. Cure.—On August 6, I passed the store of Mr. H. W. About three or four years ago I had prescribed for him on account of some petit trouble. But now he stopped me to complain of pains in the small of the back, pains in his joint, unpleasant sensations in his fingers, etc. I told him to see me in my office. Examination showed that he had a double inguinal hernia, which he had had for a number of years, since war times, but for which he never had done anything, as it did not inconvenience him in any respect. He felt well in every particle but the rheumatic trouble. He had been in Hot Springs for a season, but had received no benefit from it, and if I could do anything for him, he wanted me to go ahead. Now, I thought, here is an opportunity to try Schusslerism. This is one of the particular cases for the like of which the claims of biochemical treatment have been so much extolled. On August 6, 9 and 13, I prescribed, and while he became somewhat better, the progress was very slow. On September 8, he came to the office, complained much and gave such a graphic picture of his case that the merest tyro would have to call out Rhus tox. I dropped some (10-12) globules No. 15, 200 dilution, on his tongue and promised to bring him more medicine by and by. About three or four hours later I passed his store, when he stopped me and said he felt better. I pretended to have forgotten the more medicine, but prom-

ised it later. Several hours later when passing his place I again pretended to have forgotten the medicine, but as he felt still better and wanted to have the medicine by all means, I pulled a vial with globules medicated (?) with pure alcohol and gave him them in the evening, but with strict order not to use them except he got worse. Next day, Sunday, toward evening I met him in the street, when he said, "This last medicine did it. I had a little pain again in my back and I took a few of the pills." On the following Tuesday, he had only taken medicine (!) once since we met the previous Sunday, and to date he is yet all right. To avoid misunderstanding let me state the inguinal hernias are unchanged. I did not prescribe for them, but only mentioned it as a trouble which did not trouble him. It was only the rheumatic trouble I went for, and rhus tox. 200, one dose, killed it. It was administered September 8. To-day it is October 24. Have I waited sufficient time before reporting? M. A. WOOLF, M.D., in *So. Jour. Homœopathy.*

—JOHN BRIGHT.—Amid all the anxiety that has for weeks been centered around the sick-bed of Mr. Bright there has been one great consoling thought, namely, that he has been allowed to remain at peace in the hands of his trusted medical attendants, aided only by such advice as the latter chose to seek. Dr. Hayle, Mr. Bright's family physician, and Dr. Drysdale of Liverpool, and Dr. Midgley Cash of Torquay, Mr. Bright's relative, with whom he has consulted, possess not merely the confidence of Mr. Bright and his family, but that of the whole homœopathic body. We are happy to learn that Mr. Bright's sufferings are not acute, and that his faculties are unimpaired. It is interesting to note that he is nursed by nurses from the London Homœopathic Hospital. Lovers of dogs will like to know that Mr. Bright has two favorites who refuse to be separated from him—one taking duty by day and the other at night.—*Hom. World.*

GLOBULES.

—THE CHIRONIAN.—"Never believe anything a patient tells you." What, never? Shall the symptoms all be objective?

—DRUNKENNESS CURE.—A Russian physician administers one-fortieth of a grain of strychnine subcutaneously in solution at frequent intervals as a radical cure.

—A letter-head recently received by Mr. Chatterton bears the following. Office of M. C.——, M.D. Breeder of fancy poultry, special attention to diseases peculiar to women, etc.

—IS THIS HOMŒOPATHY?—That quinine in two-grain doses every hour or two is a better excitement of uterine contractions, than ten-grain doses, less often. That morphine stimulates contractions and hastens delivery.—Dr. Bull, in *P. & S. Invest.*

—In regard to lead my experience has been, when a bullet goes into a part, have struck that part without having gone through clothing and carrying clothing with it, we have little or no pus, but when clothing is carried in with the shot we nearly always have pus.—Dr. A. MORGAN VANCE, in *Louis. Surg. Society.*

—An excellent opening for a Homœopathic Practitioner. Fine corner lot for sale in Brooklyn. Owner occupies and could let part of two story frame house, with front basement for office, for few months. High ground, southern face, and one block from King's Co. Elevvated Station. Address, B, 1121 Herkimer St., Brooklyn.

—Chloroform in Labor.—1. An anæsthetic should be given to save suffering and unnecessary expenditure of nervous force.—2. To shorten labor.—3. To enable the patient to pass through the completion of the second stage with less or no injury to the perineum, thereby saving an operation for repair, and a rent through which contagion from without may enter.—Dr. E. B. Weston.

—Anæsthesia in Labor.—Dr. Chas. S. Albertson of Buffalo, N. Y., gives the following formula for application during the first stage of labor—chloroform and olive oil āā ℥ i applied on flannel over the uterus above the pubes ; this will often give complete relief from the distressing pains of the first stage, also in the second stage when from any cause general anæsthesia is impracticable.— *P. & S. Invest.*

—As to Breathing.—A boy fourteen years old, recently imported from Kentucky, handed the following in as a composition on "Breathing." The instruction was : "Tell all you can about the breathing." He said : "Breath is made of air. We breathe with our lungs, our lights, our liver and kidneys. If it wasn't for our breath we would die when we slept. Our breath keeps the life a-going through the nose when we are asleep. Boys that stay in a room all day should not breathe. They should wait till they get out of doors. Boys in a room make bad, unwholesome air. They make carbonicide. Carbonicide is poisoner than mad dogs. A heap of soldiers was in a black hold in India, and a carbonicide got in that there hole and killed nearly every one afore morning. Girls kill the breath with corosits that squeezes the diagram. Girls can't holler or run like boys because their diagram is squeezed too much. If I was a girl I'd rather be a boy, so I can holler and run and have a great big diagram."

OH-DON'T-OLOGY.

Don't use purgatives in cases of real or suspected intersussception of the bowels. Direct your energies from the bottom upwards.

Don't accept it on our say-so, but it is said that sulphonal is proving a safe and reliable hypnotic, is not narcotic, and does not disturb the secretions.

Don't fail to give copious draughts of cold water to the infant at frequent intervals. It is claimed to be a prophylaxis against cholera infantum.

Don't slight the digital examination in child-bed ; don't be satisfied with scrutinizing the parts presenting, but make a minute exploration of every accessible part.

Don't forget that respiration, if it fails while under an anæsthetic, may be promptly restored by pouring ether upon the belly, thus causing so great a shock by the intense cold as to cause a deep inspiration.

THE

AMERICAN HOMŒOPATHIST.

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FRANK KRAFT, M.D., EDITOR.

DR. C. WESSELHOEFT, says (in *New England Medical Gazette*): "The *American Homœopathist* lately expressed the hope that the American Institute will 'enforce a belief in homœopathy' so that the younger body, familiarly known as the I. H. A., may be induced to rejoin the parent body. If this can not be done without demanding a general and enforced belief, we hope that it will not come about at all. . . . . There are not two antagonistic leaders of factions, but there exists one division pledged to a creed, which, like an aggressive ecclesiastical faction, is led by a hierarchy who inveigh against accurate knowledge and critical scrutiny of facts and theories; who declare that they are the only true homœopathic physicians, and proclaim to the public that they are more successful in practice than other members of the Institute. Upon this creed they have organized a new society; not because there is not enough homœopathy in the Institute, but because the majority of its members manifested unmistakable distaste for these boastful assertions of superiority in practice, and the denunciation of others who chose a less ostentatious course. Hence a certain number, seemingly finding they lacked an appreciative audience, left to form a new society, in whose seclusion they feel free to indulge their *penchant* for dogmatic assertion and unprovable statement. This departnre has no historical connection with the change in the Constitution and By-Laws in 1874, when, during the meeting of the Institute at Niagara Falls, it became obvious to the Institute that belief expressed in a *credo* meant the annihilation of homœopathy as a science, and hence it replaced the *credo* by adopting a methodical plan of work—the improvement of homœopathic therapeutics. The carrying through of this motion was due to the untiring assistance of Dr. Carroll Dunham. Creeds belong to religion; homœopathy, as a part of the science of medicine, is not a religion nor made to be domineered over by an arrogant priesthood. Freedom is the condition of its growth."

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THE faultiness of this article consists in that the "creed" referred to is that which Hahnemann promulgated as the Law of Cure. We are homœopaths because Hahnemann led the way: we are homœopaths because we have the law of similars: we are homœopaths because Hahnemann proved, experimentally, in his riper wisdom, that the minimum dose cured more speedily, permanently, and with less deleterious effects upon the vitality than the crude or imperfectly potentized substance. If this be not true, then in what essential do we differ from our elder brother, His High Mightiness, The Allopath? Are we ready to acknowledge Dr. Bowditch's charge of inconsistency?

IT is matter for no little regret that the internecine strife referred to was waged for some years; but it *was* internecine, and not all on the part of the upholders of the "creed"; that feeling, however, has gradually disappeared from the publications of the school, so that the epithets "Hahnemaniac" and "Mongrel," no longer disgrace our literature, and when occasionally indulged in are sure to emanate from some fanatic whom neither wing willingly upholds. But is this writer wholly void of feeling in his description of the purposes of the I. H. A.? Is there not a mailed hand concealed beneath the velvet glove? Will this well-known writer say, seriously, that the I. H. A. has not engaged in "the improvement of homœopathic therapeutics"?—and that, too, to the exclusion of what Dr. Wesselhœft defines as an "accurate knowledge and critical scrutiny of facts and theories?" Is there a homœopathic library anywhere that does not contain indubitable evidence of their labors?

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* *

AND how the spirit of dear, dead, Doctor Dunham must fret in its silent environment, if it is conscious of the mistaken policy precipitated on homœopathy because of his now so oft-quoted speech for liberalism? Yet notwithstanding Dr. Dunham's sterling assistance at ridding the Institute of faction and sectarianism; notwithstanding the lucubrations of the *N. Y. Medical Times;* and notwithstanding the eloquence of Drs. Paine, Wesselhoeft and others of our renowned homœopathic physicians, we insist that the American Institute of HOMŒOPATHY is inconsistent, glaringly so, so long as it issues diplomas of membership to those who are not homœopaths; to those who do not pretend to be homœopathic; and to those who care naught for the American Institute of Homœopathy save as an added means to further private aims.

*
* *

IS not this so patent, that if it appertained to any other subject except to the Institute, the Senate of Seniors, the journals, and every even the least logical of Institute members would appreciate its exquisite absurdity, and vote it down with amazing alacrity? Has the Institute partaken of the lotus? Did you notice last year, brethren, what a wave of unanimity seemed to spread over the journals a few months preceding the Institute session, counseling more attention to materia medica, and a little less to allopathic measures and resources? Why was this? Are we awaking to the danger of losing our homœopathic identity because of the accession of so much foreign element? Yes, sir! Let the Institute be consistent! Let the American Institute of HOMŒOPATHY "enforce a belief in homœopathy," or—take down its sign.

*
* *

AFTER so anarchical an utterance, we feel like thanking Dr. Dake for his standing resolution of last year, else, on the motion of some favorite speaker, sprung in the height of his magnetic influence, our little journal would find itself, like the Peri, standing on the wrong side of the gates, peering wistfully into Paradise, barred the pleasure of association of HOMŒOPATHS, until a year or such a matter after the Man Eloquent had excommunicated us, some big-souled Runnels would present our tear of repentance to the powers that be, and thus unlock for

us again the doors of the Homœopathic Elysium. But our strictures are not against the Institute membership, nor against its efficiency as an Institute ; for it has remarkably improved under the whip of its journals. But it *is* against the painfully absurd position occupied with a persistency worthy of a better cause, of issuing diplomas of homœopathy to members, who are not, never were, and never will be homœopaths. It is against this inconsistency that we raise our voice. If ever there was a time when when we needed and welcomed foreign workmen to build our ships, to weave our cotton, to manufacture our implements of peace and of war,—we insist that that time is gone. We have now eminent specialists in every department of medicine. And any foreign help applying at our mills or shops for employment must lay aside his foreign ideas and agree to conform to OUR ideas. America for Americans. Homœopathy for Homœopaths.

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IT seems almost as if the journals had formed a "trust" as against the *N. Y. Medical Times*, and also against Drs. Runnels, Dake, and others for the part taken in reinstating the *Times* to its former place on the list of Institute journals. We have no wish to take sides in the controversy ; the frequent papers on this theme appearing in the *North American Journal*, the *Medical Counselor*, the *N. E. Medical Gazette* and other journals ably present the case in all its bearings—save one. And this, like the first of fourteen reasons for the absence of a witness—to wit, his death—seems to have escaped these commentators, and yet to us seems as if the only one with which we have to deal. How can the Institute as an entirety, or as a severalty, by its individuals, or journals, consistently cast the first stone at the *N. Y. Medical Times* for its unhomœopathic teaching, when that same Institute pursues an exactly parallel course ? How ? Why, thus : The Institute's works are partly homœopathic : so, also, are the teachings of the *Times*. The *Times* will not "enforce a belief in homœopathy" : so neither will the Institute. Where, then, is the major premiss for the syllogism ?

***

MAY we be permitted to indulge in the Victor Hugo style of the *Medical Era* for a few paragraphs ?

What is Masonry ?

A belief in and acceptance of the traditions and laws of Masonry.

What is a Masonic Lodge !

An Association of persons pledged to a belief in Masonry ; pledged to support its tenets ; and pledged to abide by its laws.

Will a Masonic Lodge admit to its membership an Odd Fellow, a Knight of Pythias, or any other except he be a Mason ?

It will not. It looks upon such as impostors, and will govern itself accordingly.

What is Homœopathy ?

A belief in and acceptance of the Law of Similars.

What is the American Institute of HOMŒOPATHY !

An Association of physicians pledged to NO belief in Homœopathy ; pledged to NO support of its tenets ; and pledged to everything but Homœopathy.

Will the American Institute of HOMŒOPATHY admit to its membership an Allopath, an Eclectic, or any other except he be a Homœopath ?

IT WILL. It invites them to come. It not only accepts them unregenerate, but adopts their practice.

Is this correctly stated ?

SOME THOUGHTS ABOUT REVIEWING.

By Dr. Samuel Lilienthal.

IN writing a review two things have to be considered. When it must be written to order, for the book published wants a rapid sale, then it ought to be praised, and especially those hints which might please the buyer ought to stand underlined. Our poor editors also do not amass a fortune by their labors ; and publishers send their works to the different journals in order to have them favorably noticed—they do not want them dissected and blemishes found ; and if done so once in a while, the fresh publications will more rarely find their way into the sanctum of the editor. Favorable reviews are easily written ; there is hardly any necessity to read the book, and all it needs is to scan the preface and the index, and the work is done. I heard once a German author say that the reason they put no index to their works is that they want them read, and every reader can make then an index to suit his convenience. Alas ! there are too many reviews written to please the publishers, and our editors are pleased to see their fulsome remarks quoted, which henceforth may be considered a free advertisement of the journal.

In some of the late numbers of the American Homœopathist the worthy editor and some of his friends raise a lance against unfavorable reviews and their doing injustice to their authors, especially to the young physicians who enter the arena of literature. *Festina lente !* One of the greatest writers in medical literature once said : "After finishing my manuscript, I put it under lock and key, and there it lies for six months or a year, and when I take it out after that interval I find it so faulty that it is either destroyed or rewritten." Another author says : "When I want a book I always wait, whenever possible, for the second or third edition, for the first is too often hastily written and wrongly arranged." Just the faults which some reviewers found in the works, for which they were taken to task. All honor to our rising authors, for to them the old guard looks for the preservation of pure, unadulterated Homœopathy: but an open review is nothing discouraging to an author; it rather shows him where the pruning-knife is necessary, where improvement will benefit his labors, all of which our young authors might have found out themselves, if only the manuscript would have slept quietly under lock and key, when they would have seen its incompleteness. Nothing ever came perfect even from a master's hand. Nearly every day this old man receives inquiries about the third edition of his Therapeutics. When will it appear ? God alone knows ! I am fully three years at it already, have kept the manuscript time and again under lock and key, have rewritten chapter after chapter, and still I am dissatisfied and dis-

gusted, for *post hoc* is not *propter hoc*, and many a symptom recorded does not stand the test of a critical examination. This is another fault in many writers, that they are not careful enough in weeding out the chaff; and not everything is gold that glitters.

Festina lente! There is very little harm done in even an unfavorable criticism; it ought to be rather an incentive to the author to do better at his next venture. There are no personal matters involved, and therefore no apology needed. If only favorable reviews are needed, then henceforth all critics must be excluded; and then I pity the authors and publishers, for nothing increases the sale of a book more rapidly than an honest, sharp review.

1316 Van Ness Avenue, San Francisco.

[In so far as this paper has reference to the editorial on Book Reviews, we beg to correct Father Lilienthal by quoting directly from the editorial:

"It is not the design of this editorial to plead for universal well speaking of a book because it emanates from a homœopathic author. Condemn it to your heart's content . . . . if it deserve condemnation, but do it honestly on its merits, and not on the fact that its author is a member of some society with which we are not *en rapport*."

As Father Lilienthal takes all the journals and is an omnivorous reader, he can have no difficulty in recalling to memory some of the criticisms which called out this protest. It was *not* "unfavorable" reviews against which we raised a lance; it was against "unjust" ones. These are not synonymous terms. The other allegation was a necessary outgrowth of this, to wit: that the almost universal upholding of the old-school literary output because of the handsome bindings, fine presswork, and realistic illustrations, was unfair to the homœopathic author, demoralizing to the school, and, because of its apparent sycophantage, tending to lower us in the eyes of our ancient foe.—Ed.]

THE EXERCISE OF CARE IN DIAGNOSIS.

By G. Maxwell Christine, A.M., M.D.,

THERE are occasions when the physician, even of large experience, is apt to be less searching in his method of diagnosis, than he should be. Surface indications are so strong and apparently so clear, as to justify seemingly the determination of the nature of the case on these alone as a basis. More careful inquiry and investigation are not made because not deemed necessary. Concomitant circumstances almost compel the physician at times to this course. The incentive is

sometimes great to be governed by appearances. Yet superficial indications may be in contradistinction to the deeper and more important conditions. That English surgeon who mistook an aneurism in the neck for an abscess, and laid the tumor open with his scalpel only to see his patient die before his eyes, has his counterpart in every-day life. Mistakes of diagnosis are going on continually. No physician or surgeon is entirely exempt ; it will ever be as in the past, that diseases will be called by their wrong name. We can never hope for a perfect art of diagnosis nor a perfect application of the same by mortal man. But the mistakes of diagnosis, those dependent upon shortcomings arising from the physician's carelessness, indifference, or ignorance, can be reduced to a minimum. A correct diagnosis is half the battle fought against any certain disease, for without knowing what we are treating, the application of remedies becomes almost a farce,—certainly a hap-hazard procedure.

The following case is one of the simplest I could select as an illustration of the above, and will readily serve for my purpose.

Mrs. W—, æt. 48, having four children living and two dead, the last pregnancy twelve years ago, summoned me a few days ago to see her. The husband on the way, informed me that his wife was "changing," the process having been going on for several months. Without warning other than a little pain, flooding took place very freely one or two hours prior to seeking my services. Arrived at the house, I found my patient feeling comfortable, the bleeding having nearly stopped. She was quick to express her sorrow to have brought me out upon such a stormy evening, and was quite sure that she was unnecessarily alarmed, as it was natural at that period of life to have these bleeding spells, which she was quite sure would pass over soon, leaving her well and sound until perhaps another period.

Now, here was a woman having borne several children, who knew by repeated experiences the sensations of pregnancy, and who at forty-eight years of age began to enter, to all intent and purpose, the climacteric. Who would suppose otherwise than that at this age a partial cessation of the menses for several months past, and a complete cessation for two months, meant the "change of life"? Judging alone from superficial symptoms, would not both patient and physician have little reason for doubting the diagnosis as "one of those profuse menstrual periods so common at this age?"

A woman at 48, with a husband four years her senior, rarely conceives and therefore rarely miscarries. To suggest, then, to such a person that she is probably miscarrying, is not only to meet with a decided denial from the patient, but to call down upon the physician the gentle (?) remonstrance that he "does not know what he is talking about." But, then, the physician should remember that since the days of Sarah,

who bore children at 80, many over 50 have followed her example. Swollen abdomens, pronounced as the accompaniments of the menopause, have frequently emptied themselves in due season of living children, much to the chagrin of knowing old women, and of the much-respected family physician as well. Fortified with this knowledge, and perhaps with an early experience or two not easily forgotten, we should brace up and reply to our positive patient that no doubt the trouble is one simply of "change of life," but would she not consent to our confirming the diagnosis by an examination?

As a rule, women will contend against vaginal examinations, but they invariably have greater respect for the physician who is thorough in his method by which he arrives at diagnosis, than for one who neither suggests nor enforces them. Hence, rarely will the judicious medical adviser find his patient's refusal to permit an examination, other than a weak and short-lived one, and therefore readily overcome. It did not require more than the ordinary amount of persuasion to induce my patient to permit an examination; yet how foolish it seemed in the face of the almost positive character of the bleeding, evidence sufficient to many that it was merely a case of "change of life." So it seemed to me; yet just one symptom led me to ask for an examination, namely, that of considerable pain at the onset of the hemorrhage. Now what did the pain signify? Was it natural with a hemorrhage purely one of menstruation, or was it not? and if not, then to what was it due? The pain was described as "bearing down," followed by the passage of "clots," after which the pain eased and the flow was "clotless." Was this not a history needing a little further inquiry as to cause? However, with the age of 48 and no suspicion hitherto of pregnancy, was it not foolish to even think of anything else than "change of life"? Perhaps. But let us see.

Vaginal examination revealed but slight flow of blood, uterus enlarged, and protruding from the os a mass of placental tissue. Was this not justification enough for my persistence as to examination? and did ever woman look more abashed than did my patient on this occasion, when informed that she had been pregnant and had miscarried, the supposed "clots" being, one of them at least, the fœtus, and that she was now passing the placenta? I wot not. Did ever man at 54 years of age feel renewed life course through his veins more actively than did the husband of my patient when told he was the father of a two or three month fœtus? I wot not.

Not being in any hurry, I spent two or three days in removing the decidua, and on the tenth day my patient sat up, ready once more to watch the oncoming of the period of "change."

This, as before intimated, is a simple case, not revealing anything new, but affording an opportunity for pointing a moral: Never treat

a case, if possible, until you have made out a diagnosis ; never diagnose a case until you have exhausted every means at your command for proving it.

Fatal results might have followed had the diagnosis not been correctly defined in this case. It was one of those instances in which the decidua will not escape without assistance, and in which septicæmia is so apt to follow.

Treatment, therefore, and the successful termination of the case were all in all dependent upon the correctness of the diagnosis.

Physicians of years and experience will, perhaps, pass this article by with a glance. Hundreds of men are about to launch themselves forth into the medical world, and to such of them as read this article, what is here written may induce them to the exercise of the greatest care in diagnosis, in all cases, no matter how apparently trivial or clearly defined.

PHILADELPHIA, PA.

CHRONIC PNEUMONIA, FISTULAS.—PHOSPHORUS.*

BY OSCAR HAUSEN, M.D.

R. L., farmer, 32 years old. Treatment commenced October 4, 1886. He had four years ago a very severe inflammation of the lungs ; was then well for three years. Now he had been coughing for about a whole year ; is weak, emaciated ; has lost twenty-five pounds in weight in one year. Voice often rusty and muffled ; cough worse in the morning and evening. The expectoration, which comes up easily, is thick and yellow, and has often bloody streaks. Dyspnœa worse when in motion ; stinging (stitching ?) pains in the lower part of left lung, especially under the scapula. Appetite and functions normal ; sleeps well ; no fever. Weak percussion in upper and lower regions of the clavicle. Rough inspiration ; hard, prolonged expiration ; fine crackling, rattling sounds to the right of uppermost regions of the spine and on the middle of the right scapula. The respiration is all over feeble. chest is very flat ; he has been treated allopathically without any result. Prescription : *Phosphor.* 6 dil., there drops three times a day. On Nov. 26, I received a letter from the patient informing me that sevaral years he had cancer in the left scapula, and that the left knee also was inflamed, and that there were several fistulous passages with thick white discharge ; otherwise he was improving. *Phosphor.* 30 dil., five drops three times a day.

Jan. 6, 1887.—The patient presented himself to me, and now all the fistulous holes had disappeared, and the symptoms of the lungs had

* From a series of cases communicated to the *Homœo. World.*

greatly improved. Cough and expectoration nearly gone. Same prescription, and he improved now rapidly. In May he had regained his lost weight, and on continuing with the use of *Phosphor.* 30 dil. he was completely well in June, 1887.

COPENHAGEN, Denmark.

CONCORDANCE REPERTORY OF THE MOST RELIABLE SYMPTOMS OF THE FEMALE SEXUAL ORGANS FOUND IN THE HOMŒOPATHIC MATERIA MEDICA.

Arranged by WILLIAM D. GENTRY, M.D., Kansas City, Mo.

The following is a copy of all symptoms on the subject of leucorrhœa, or in which the word "leucorrhœa" occurs, found in the above-named forthcoming work. Published by permission of the author. (See note by the author on page 130.)

L. copious, tenacious, yellowish. Acon.

Thick, dark, corroding l. with aching and lameness across the back, the sacro-iliac articulations. Æsculus.

L. dark, yellow, thick and sticky; worse after menses; worse walking; corrodes the labia; aching in the sacrum and knees. Æsculus.

Transparent l. (alu.), parts relaxed. Agnus.

Transparent l., discharge passes unperceptibly from the very relaxed parts. Agnus.

L. not copious, but spotting her linen yellow. Agnus.

L. of bloody mucus, preceded by colic. Aloe.

Profuse, transparent (agar.), acrid l. running down to the feet during the day. Alu.

Acrid, corrosive l., with burning in the genital organs, parts inflamed and corroded (coni. iod., kreos., merc., phos., puls.), making walking difficult; relieved by washing with cold water. Alu.

L. excoriating before and after the menses. Alu.

L. watery, burning, from the uterus; acrid, profuse from the vagina. Am.c.

L. like white of egg (borax, bov., calc.c., phos.), brown, slimy, unpainful; after urination. Am.m.

L. with tension of the abdomen, without collection of wind; like white of egg; preceded by griping about the navel. Am.m.

L. like white of egg, more abundant at night. Am.m.

L. with soreness and itching. Anac.

L. watery and containing lumps. Ant.c.

L. of watery blood, worse when sitting; comes in paroxysms. Tart.em.

Great tenderness over the uterine region with bearing-down pains; l. and painful urination. Apis.

L. profuse, acrid and green. Apis.

L. copious, yellow, corroding. Arg.n.

L. profuse, yellow, and thick (hydr., kali bi.), corroding. Ars., kali.c.

Thick white l., burning, smarting of the vulva; labia majora red, swollen. Am.m.

L. profuse, greenish, thin and offensive. Asaf.

Yellowish, fetid l. Aur.

Before the menses: toothache, swollen gums, colic and swelling of the limbs; immediately before l. Baryta.

L. of white mucus, with colic. Bell.

L. like white of egg, with sensation as if warm water was flowing down. Borax.

L. white, thick as paste. Borax.

L. a few days before or a few days after the menses, when walking. Bov.

Before menses, diarrhœa; during menses, headache; after menses l. of thick, slimy, tenacious, acrid or corrosive mucus. Bov.

L. like milk (caps., coni., lyc., puls., sep., sulph.ac.), with itching and burning. Calc.c.

Metrorrhagia, with l., during the climateric. Calc.c.

L. like milk, burning, in starts, before menses, during micturition. Calc. c.

L. like white of egg, day and night. Calc. phos.

L. staining the linen yellow. Carbo.an.

L. stains linen yellow; offensive; burning; biting; more when walking or standing, causes weak feeling in the stomach. Carbo.an.

L. thin in the morning on arising; not during the day; milk excoriating. Ars., carbo v., coni., kreos.

Moth spots on the forehead with l. Caul.

L. profuse mucus. Caul.

Red, sore places on pudenda, aphthæ; itching; sore and raw during l. Carbo v., merc.

Three days after cessation of menses, discharge of lumps of tenacious, black blood; profuse l. following. Carlsb.

L. profuse, flows like the menses and has same odor, only at night, or worse then. Caust.

L. acrid, watery, yellow, smarting. Cham.

Yellow, corrosive l. Cham.

L. with sensation of weight in the uterus. Cimicif., sep.

L. instead of, or before the menses, with spasmodic uterine contractions. China.

L. pressing while passing through vagina. Cinnab.

L. like mucus or milky. Coffea.

L. more while urinating. Coffea.

Softened scirrus, with corrosive l. and lancinating pains. Clem.

L. instead of menses, like serum, mixed with a purulent-ichorous liquid. Coc.

L. with weakness and paralyzed sensation in small of back before the discharge. Coni.

L. thick, milky, with contractive labor-like pains coming from both sides. Coni.

L. white acrid mucus, causing burning. Alu., coni., iod., kreos., merc., phos., puls.

L. bloody during stool, or watery, greenish, thick. Murex.

L. with labor-like pains. Drosera.

L. profuse, with spasmodic pains and irritation of the bladder and rectum. Erig.

Abundant l. with urinary complications. Eupat. purp.

L. mild, milky, or itching with soreness. Ferr.

L. like boiled starch. Ferr.

L. white, with aching across lower part of back. Gels.

Bloating of abdomen during l. Am.m., graph., sep.

Profuse l. of very thin, white mucus, with weakness in the back. Graph.

Copious l. before and after the menses. Graph.

Profuse l., perfectly white, especially on rising from the bed in the morning, weakness of the back when walking or sitting. Graph.

L. like water with weakness in the back. Graph.

L., great tenderness of the vagina ; flow bloody. Ham.

L. with atony and anæmia. Helon.

Prolapsus uteri, l. Helon.

Profuse flooding, with serous l., much uterine and ovarian pain. Helon.

L. with smarting of the vulva. Hep.s.

L. tenacious, ropy, thick, yellow. Hydras.

Pruritis vulvæ with profuse l. Hydras.

L. with delayed menses, palpitation, pressure in small of the back and heaviness in lower bowels. Hyper.

L. acrid ; corroding the limbs. Iod.

L. acrid, worse at time of menses. Iod.

Menses irregular, l. corroding, acrid, profuse. Iod.

L. pain and weakness across small of back, and dull heavy pain in hypogastrium. Kali bi.

L. yellow, ropy (Hydras), can be drawn away in strings. Kali bi.

L. with labor-like colic. Kali c.

L. yellow, burning. Kali c.

L. watery, acrid, corrosive, with biting in the pudendum. Kali iod.

L. of bad odor, debilitating, mild or corrosive. Kreos.

Menses and l. inclined to be intermittent, patient thinks she is almost well when discharge returns again. Kreos.

White l. having odor of green corn. Kreos.

L. copious, smarting, stiffening and staining linen greenish. Lach.

Profuse l., pale face. Led.

Profuse l., copious urination, even at night. Led.

On second day after time to menstruate, cutting in bowels, limbs clammy, followed by profuse l., bright yellow, excoriating the perineum. Lil.tig

Intermittent labor-like pains in lower part of back with a thin acrid, excoriating l., leaving a brown stain, worse afternoon until 12 P. M. Lil.tig.

L. in starts, milky, blood-red; worse before the full moon; corroding. Calc.c., coni., kreos., lyc., puls., sep.

L. immediately after stool, or after uterine cramps followed by metrorrhagia. Magn.m.

Burning l. Meph.

L. always worse at night. Merc.

L. with smarting, corroding, itching, burning after scratching. Alu., coni., merc., phos., puls.

L. yellow, especially with children. Merc.iod.

L. pale yellow. Merc.cor.

Menses scanty with l. and prosopalgia. Mez.

L. lochia suppressed or too copious. Millef.

L. of children from atony of vaginal mucous membrane. Millef.

L. with back-ache, sore anus with piles. Mur.ac.

Thin whitish l. Naja.

L. thick and yellow (hydras., kali.bi.), putrid, ceasing after urination. Natr.c.

L. Profuse, of a greenish color, worse while walking. Natr.m.

L. of ropy mucus, of green mucus, acrid, brown, offensive, flesh colored. Nitr. ac.

L. leaving spots with black borders on the linen. Nitr.ac.

White l. with lameness in small of back. Nitr.

L. in place of menses, awakens with dry tongue. Nux.m.

L. fetid, staining yellow. Nux.v.

L. with sexual irritation. Origan.

L. transparent, like jelly; worse before and after menses. Pallad.

L. like albumen, profuse every day, or with nightly lascivious dreams. Petrol.

L. with chlorosis, instead of menses; watery, slimy, or acrid; causing blisters. Phos.

Profuse, yellow l., mostly after the menses, with itching. Phos.ac.

L. like white of egg, only by day, after urination and after rising from a seat. Plat.

L. of thick, transparent mucus. Alu., podop.

L. costive, bearing down in genitals. Podop.

L. large lumps, unbearable in odor; violent pains in sacrum and right loin. Psor.

L. thick. like cream or milk (calc. c., coni., sep., sulph. ac.), with swollen vulva, painless, acrid, thin and burning. Alu., coni., kreos., merc., phos., puls.

L. at first mild, then acrid, corroding. Ran. bulb.

Corrosive l. after irregular or suppressed menses. Ruta.

Thick, yellow, fetid l. after suppressed menses. Puls., sabin.

L. from suppressed menses, recurs every two weeks, thick, yellow, fetid, with itching in pudenda. Sabin.

Climatic disorders, especially flushes of heat and l. Lach., sang.

L. on walking. Sars.

L. brownish and offensive, like cream; with weakness and venous congestion. Secale.

L. instead of menses, with urinary troubles. Senecio.

L. like pus, of bad smelling fluids before the menses. Sep.

L. with bearing-down pain in the back and abdomen. Sep.

L. milky, preceeded by cutting around the navel; profuse, acrid, corrosive. Sil.

L. with great debility, of yellow, white, or transparent mucus. Stan.

Copious muco-purulent l. with rheumatic pains. Stillinga.

Profuse, yellowish, greenish, corrosive l. Ars., sep., sulph.

L. preceded by pain in the abdomen. Coni., kali.c., magn.m. merc., puls., sil., zinc.

L. with amenorrhœa. Sabin.

L. before menses. Calc.c., puls., ruta.

L. during menses. Alu., graph., iod., puls., zinc.

L. after menses. Alu., bor., coc., krea., graph., merc., nitr.ac., pallad., phos.ac., puls., ruta, sulph., zinc.

L. during cessation of menses. Ruta, sang.

L. after coition. Natr.c.

L. while exercising. Magn.m.

L. preceded by hysteric cramps. Magn.m.

L. after a meal. Cham.

L. before urinating. Kreos.

L. after urinating. Am.m., canth., sep.

L. with stitches in the abdomen. Sep.

L. with soreness of legs. Magn. sulp.

L. with pain in sacral region. Kali.bi., nitr.

L. with shooting in parts. Sep.

L. with trembling. Alu.

Acrid l. Ars., calc.c., fluor.ac., rhus.t.

L. of yellow mucus, corroding preceded by pains in abdomen. Sulph.

L. acrid or burning; milky or transparent, of sanguinous mucus, with sensation as if menses would appear. Sulph.ac.

Mucous l. Thuja.

Profuse, exhausting l. Trill.

L. bloody, with great prostration; yellow, creamy, profuse, between menses. Trill.

L. thin, yellow, white or colorless, except with the stool, when it is thick, white, blood-streaked. Viburn.op.

L. of bloody mucus, after menses, causing itching of vulva, of thick mucus; before and after menses. Alu., zinc.

Cutting colic succeeded by l. Zinc.

L. discharge occurs in gushes, day or night. Graph.

Explanatory Note by the Author.

In compiling and arranging the symptoms in the Concordance Repertory, the following rule has been observed: "Give the word conveying the central thought or object of the sentence, also the verbs and essential adjectives." By this arrangement all symptoms, entire, are brought together under each; conditions and concomitants and the same symptoms are given again under the rubric of conditions and concomitants, so that, like a map, all symptoms, conditions, and concomitants are brought at once before the eye and mind of the physician. As above, all symptoms in which the word "Leucorrhœa" occurs are brought before the eye. If this was all, the Concordance Repertory would not be any better than any other Repertory. But it does more. For instance, the physician is called upon to prescribe for a patient who complains of having labor-like pains with the leucorrhœa. The prescriber has no time to read all the symptoms under the heading "Leucorrhœa," and search for the "labor-like" symptoms. With the Concordance Repertory, all he has to do is to turn to the heading "Labor-like," and quickly finds all the symptoms bearing upon his case. It will be noticed that the several leucorrhœal symptoms are distinguished by having urinary complications. The prescriber can in a moment find these under "Urinary," in the U's. The first symptom given above may be found in C's, under "Copious" (where it is associated and compared with all other symptoms in which the word "copious" may be found); in T's, under "Tenacious" (where it is associated and compared with all other symptoms in which "tenacious" may be found); and in Y's, under "Yellowish" (where it is associated and compared with all other yellow leucorrhœas. So that,

besides enabling the physician to quickly find a symptom, it brings under his eye at once all the symptoms in the materia medica bearing not only upon any given subject, but upon all subjects suggested by a word in any sentence or symptom under consideration.

POTENCY.

By M. W. Van Denburg, M.D.

AROUND this innocent-looking word has raged a warfare from the beginning of homœopathy to the present, and still the question is as unsettled as ever, the combatants as aggressive, and the extremists as positive.

In the strife much bad blood has been roused, many vindictive words bandied, pages upon pages written, all of which might better never have been, for the honor both of the profession and of the man.

My assertion, however, was too broad. Some things concerning potency have come to be pretty well determined by this time in the judgment of every candid thinker who has been at the same time a dispassionate observer and a rigid investigator.

These are some of the things concerning this two-sided shield, it is getting late in the day to repeat. In considering them the motto must be *fiat justitia, ruat cœlum*,—let justice rule though the heavens may fall. He alone is worthy to be heard who strips himself, as far as he is conscious, of pre-judgments.

First. It is too late to assert that no cures are wrought with remedies above the 12x or the 30, or even with the 200c or the c.m.

A careful perusal of current homœopathic literature must convince a candid mind that all the cures reported from the use of so-called high potencies are not the results of fortunate coincidences, nor of the willful misrepresentation of men too prejudiced to observe correctly and report truthfully. Some at least have a foundation in fact. Any jury of competent men reviewing the evidence would be obliged to reach such a conclusion.

A second point and one equally well established, is that as good cures are made by the remedies in the 3x potency or even lower, not excepting the *Φ*.

The proof of this proposition is in every respect similar to the preceding.

A corollary arising from these is also well established, viz : That in all cures falling under either of these extremes, the remedy may have been prescribed and administered under strictly homœopathic rules, and neither party can say to the other, I am more, or you are less, homœopathic.

There is still another corollary : It is no greater credit to homœopathy, that the 200c cured where the Φ failed, than that Φ cured where the 200c failed.

The homœopathic part of the prescription does not lie in the potency employed. Its rests wholly in the method of prescribing.

To prescribe homœopathically pre-supposes two things ;

First. A reliable proving of the drug upon the healthy human organism, together with reliable confirmations from its use upon the sick.

Second. Experience in applying this knowledge.

The discussion of the reliability of our materia medica is foreign to the scope of our present purpose.

What, then, is the experience required to apply a reliable drug proving ?

The main factors seem to me to be these :

That the drug does or does not act the same in different potencies.

Second. That the patient is or is not peculiarly susceptible to the action of the chosen drug.

Third. That the stage of the disease is suitable for the administration of the chosen drug.

Fourth. The size of the dose and the frequency of repetition necessary to procure the effects of the drug.

The first pre-supposes a knowledge of the drug's peculiarities ; the second, an acquaintance with the patient's peculiarities ; the third, acquaintance with the peculiarities of the disease ; and the fourth, practical knowledge in the use of the drug.

Very often the physician can not have all four of these points in his favor. The probability of his prescription curing the patient will be in inverse proportion to the value of the missing link, compared with those he has.

Our limits forbid a consideration of all four of these points, and only the first will be treated.

That different potencies of the same drug do affect the human organism very differently is, beyond doubt, true in some cases. Lycopodium, kali carb., baryta carb., and others might be named as belonging to this class.

But what the limit may be in each particular drug is in most cases still an open question. The greatest present need of our materia medica lies here. Few authors have dared to express any opinion on the point, and when one is given, as in Hughes or Underwood, it is tentative rather than authoritative.

The beginner is often sorely puzzled what to do in administering a given drug, after he has consulted the text-books and made his selection. The probabilities are ten to one that he will start on the line of

high potency or low potency from the merest accidents of his surroundings.

When should the different potencies of a given drug be used, or when, if ever, should high potencies be employed?

The question is not one of *a priori* reasoning. It is useless and unscientific to decry high potencies because at a certain stage they pass out of the range of the microscope, or of chemical reaction.

They are not intended for the purpose of microscopic demonstration, nor yet to procure chemical reaction. They are intended to cure the sick, and this only is their real and reasonable test. Nothing can be more unessential than that they should be capable of microscopic, or chemical, or other demonstration whatever, than the one for the purpose of which they are made and used.

It is not necessary that they "stand to reason," as we sometimes say. There is no need of reasoning about them ; it is wholly a matter of experiment and not at all of reasoning.

To reason upon the administration of any potency, or drug, *a priori*, is the height of scientific absurdity.

The apparently most unreasonable things constantly happen.

Says a patient to you, give medicine by the mouth only, for a felon on the finger, or a bunion on the toe, how absurd ! What is your reply? Try and see for yourself. And this is the sole answer for the use of any potency, high or low, the Φ or the c.m.

Try them fairly, intelligently, homœopathically, and thoroughly ; if they cure, give them the credit ; if they fail, discard them.

The sooner we reach this conclusion, and, laying aside our prejudices, stop our wrangling and go to observing, experimenting, proving all things, holding fast that which is good, the better will it be for our patients, our purses, and our profession.

What is needed all along the line is less theorizing and more practice ; less referring to Hahnemann, to the microscope, to chemistry, to reasoning, and more to a careful experimental use of our drugs in all potencies from Φ to c.m.

In this way only can we lay a solid and lasting foundation for our materia medica.

The dynamic theory of drugs is wholly unessential ; so is the dynamic force of disease ; and how the vital force is perturbed, or whether there be any such thing as vital force.

What is necessary for us to know as physicians is what can be done with a given potency of a given drug in a given case, theories thrown to the winds.

If the profession would come together as a unit in this work, and each through the medium of our journals contribute facts in the use of drugs, based upon actual cases, detailed honestly, concisely, clearly, and

fully, material would soon accumulate sufficient to warrant a revision of our materia medica on the bed-rock basis of actual demonstration. Then we could recommend potencies, high and low, with the same assurance we now recommend characteristic symptoms.

I can not forbear to add that, in this work, failures are of scarcely less value to the end desired than successes. The rocks are, if possible, of more interest to the mariner than the deep water.

A movement like this would lift homœopathy in a few years to the first place in medical practice throughout the civilized world.—*The Meaical Counselor.*

Fort Edward, N. Y.

REPORT ON PROGRESS IN SURGERY.

By J. K. Warren, M.D.

Read before the Mass. Surgical and Gynæcological Society.

WHILE there has been a good degree of progress all along our line the division of surgery has undoubtedly taken the lead. Dr. E. M. Moore in his address before the American Medical Association, last May, said : "It seems as though the future of the profession must be largely surgical ; with a single bound the limitations set by the physician have been put aside. The surgeon opens the various cavities of the body not only to repair injury but to remove the results of morbid processes. If a physician fails to rectify the abnormal chemistry of the spleen, the surgeon removes it. If nephritis or pyelitis with organic disease of only one kidney exists, he takes it away.

"If disease of the bowel obstructs, he cuts it out and joins the healthy ends of the cut. If the lungs are the seat of abscess, he punctures and drains them. If the brain has an abscess pressing on and endangering life, he punctures, drains, and renders the wound aseptic. It is difficult at this moment to define the possibilities of modern surgery. It is a fit representation of the time we live in, the combination of science and action."

In gynæcology, on the other hand, it is hard to say whether we are progressing backward or forward. True, almost every specialist has become electrified with the treatment of Apostoli ; has purchased a battery, and is preparing to remove mountains of fibroids by aid of its subtle influence. But sufficient time has not elapsed to show the real merit of the system. While it may, and probably does, reduce the weight of these growths, is it not likely to cause inflammatory attacks quite as annoying and far more dangerous ? Such at least has been the experience of some observers, and until the returns are all in we can

hardly say what the policy of the coming administration is to be. Dr. Apostoli says : " It is now six years since I began the practice of this method, and I have regularly and carefully kept an account of the condition of my patients. . . . I prove too, by figures relating to nearly seven thousand galvanic applications, the innocuousness of my method provided the operative conditions are appropriate, that it be used rationally and with antiseptic scrupulousness."

The objections against this treatment are, first, its dangers :

First. From intra-uterine applications.

Second. From the making of galvanic punctures.

Third. From the use of high intensities of current.

Second, the treatment is long and troublesome Third, the method is not efficient. To all of which Dr. Apostoli in his letter of Sept. 8, in the *Medical Record*, makes a straightforward and manly reply. He says : "The faults committed in the application of the treatment ought in no way to bring disparagement upon the method itself. . . . Further I affirm that the method properly used has effected, ninety-five times out of a hundred, not the absolute removal of the tumor, but—First. An anatomical diminution which does not usually advance so far as its complete disposal.

" Second. The quick and lasting cessation of hemorrhages.

" Third. The disappearance of all the symptoms of compression.

" Fourth. The symptomatic restoration of the patient, which even the enemies of the method admit." One of them says : " I have been able to assure myself that all the women under my treatment have experienced a stimulating influence very favorable to general nutrition and the recuperation of their forces. . . . . They keep about without difficulty, and walk freely in a way which was impossible before anything was done for them."

To all of which, as homœopaths and symptomatologists, we respond a hearty Amen. If a woman has no pain nor hemorrhage, eats well, sleeps well, and performs each vital function, shall any one have the temerity to say that she is not well, because forsooth, she carries a fibrous appendix, the inheritance of more than one-half the women of the colored race.

" In view of the statistics of hysterectomy, which show a mortality of 25 to 35 per cent., is any man justified in advising such an operation until the milder method of Apostoli has at least been given a trial. Failing in which, we have not complicated matters in the least, but can fall back on laparotomy with no less chance of success."

I said in the domain of gynæcology it is hard to say whether progress means going forward or backward. Are we learning by forgetting, and shall we become wise when we forget all ?

It is not so very long ago when Marion Sims and other lights in his

department were splitting the neck of every deviated uterus with central and bilateral incisions. They claimed it prevented dysmenorrhœa, cured sterility, and provided the necessary drainage for an organ which nature by some oversight had left out. Then, like the style in ladies' bonnets, the fashion changed. Instead of the double-edged uterotome, the specialist armed himself with tailors' implements. With scissors and needles and thread, he seeks to repair the mischief of other days. It is now just as clear to his mind that a woman cannot become pregnant unless her cervix be sewed up. Still later comes the paragon of specialists, himself the embodiment of wisdom. "This talk," he says, "of contracted and lacerated cervices is all bosh! The trouble is not in the cervix at all, but in the ovaries and tubes." Dr. Wylie of New York is the champion of this innovation. He opens the abdomen, and by looking at the ovaries decides whether they are worth saving or not. The operation is "all the rage with the ladies." One case of his upon whom he had performed two laparotomies is said to have returned to have a third ovary removed. In a paper not long ago he gave the reports of one hundred and twenty-five laparotomies performed by himself within a period of three years.

What is true of gynæcological surgery is also true of mechanical treatment. A few years ago it was hardly considered safe for a woman to sneeze unless her womb was braced up by a pessary. Specialists sat up nights to invent a support which should carry their names gloriously down to posterity. Those who were a little late to invent would modify the mold of some other man and hitch their own names to the modification. But all that is changed. The pessary era has passed, and but a few model instruments survive its transition. The pessary of to-day is the soft pessary, and wool has nearly supplanted cotton in its manufacture.

Dr. Emil Noeggerath coincides with Dr. Wylie, and in the *Medical Record* of July 14 presents a series of conclusions based upon one hundred cases of uterine disease, fifty with intact and fifty with lacerated cervices. He makes the following propositions, viz.:

"1. Women with uterine disease conceive more easily if the cervix is lacerated than if it is intact and are less apt to abort.

2. The position of the uterus is not influenced by cervical laceration.

3. The uterine axis is not lengthened.

4. Erosions and ulcerations are equally frequent in lacerated and intact cervices.

5. Erosions of the lips are never the result of laceration.

6. Diseases of the tissues of the cervix are not more frequent in lacerated than in uninjured cervices.

7. Cervical tears have no influence on the development of uterine disease, either as to intensity or frequency, and should be left alone."

The *Record* adds : "Several other writers have of late advocated temperance in the matter of sewing up the neck of the womb. The practice of doing so as a routine measure after pregnancy is, we believe, abandoned. As a preventive of possible future disease it still has some advocates, but it is not likely to become popular. The truth is, there is a vast deal of unwise surgical interference with the uterine organ and its appendages. While Dr. Noeggerath's views may prove to be too radical, they will, we trust, have a good effect in awakening a conservative feeling toward the lacerated organ."

As I hinted at the beginning of this paper, the motto of the surgeon has been to go forward, and during the past year there has been a perceptible advance. I will call your attention to but two salient points—abdominal and cerebral operations. The former has taken the lead, and by its brilliant results has pointed the way and given the surgeon courage to enter the latter. Do you believe it, abdominal surgery has become so established that in cases of mechanical perforation of the intestines, the attendant is expected to perform laparotomy and repair the injury. Let me cite a case in point : "On July 4, 1887, a man received a stab-wound of the abdomen, which penetrated the anterior wall of the stomach to the extent of about one inch, and the left lobe of the liver to the extent of one inch and one-half, from the effect of which injuries he died. At the trial the counsel for the defendant claimed exemption in part for his client, and pleaded that the practice was mal, because the attending surgeon did not perform laparotomy and repair the wound of the stomach and liver which the *post-mortem* examination showed to have been made." The jury, however, returned a verdict of murder, but the plea of the defendant shows how much will soon be expected of the surgical guardians of the public health. During the year 1887, the records I have consulted show laparotomy to have been performed nine times for penetrating stab-wounds of the abdomen, with five recoveries and four deaths ; for penetrating pistol-shot wounds twelve times, with eight recoveries and four deaths : all of which cases would doubtless have proved fatal had not the operation been performed.

And yet the repair of the wounded intestine claims a certain antiquity. Duverger is said to have successfully performed resection of the intestine in 1837, and doubtless others will arise who either did or were just going to do so previous to that time.

It has been shown by experiments upon dogs that if more than four feet of the small intestines be removed normal digestion cannot be performed, and the dog dies of marasmus.

Laparotomy is then the approved treatment for all penetrating wounds of the intestinal tract, intussusception and perforation of the vermiform appendix, also for the removal of malignant growths of the

gut or morbid process of inflammation. But it has not been thus far successful in perforating ulcer of typhoid fever, as fatal results have occured in every case where it has been tried.

Prof. Hofmokl of Vienna during the present year successfully removed the cæcum, vermiform appendix, and part of the ascending colon from a woman 22 years old who was suffering from carcinoma. He immediately united the intestine and closed the abdominal wound.

It can but be hoped that the old-fashioned and disgusting operation of relieving such cases by forming an artificial anus has become obsolete.

In the domain of genito-urinary surgery let me call your attention to one or two points. The surgeon sometimes meets cases of pyelitis in which he is unable to tell whether one or both kidneys are diseased. In order to settle this question it is necessary either to make an exploratory laparotomy, or separately catheterize the ureters, drain off and examine the urine secreted by each kidney.

Dr. Axel Iverseen, of Copenhagen, has during the current year given the description of a case in which he successfully catheterized the male ureters by means of an suprapubic incision in the bladder and an electric light. A diagnosis was made. Both kidneys were found too badly diseased to warrant an operation, and the patient saved from the more dangerous exploratory incision that would have otherwise been resorted to for the removal of the kidney.

Another advance in the department of surgery is illustrated in the *Medical Record* of May 5, by Dr. F. N. Otis, of New York : "The case was one of obscure bladder difficulty, with very frequent and painful urinations and accasional passage of small clots of blood. Microscopic examination and repeated explorations with the sound failed to elicit any stone or morbid growth within the bladder. . . . Upon March 16, 1888, a cathether was introduced and three ounces of bloody urine removed. The bladder was then irrigated with a saturated solution of boric acid until the fluid returned clean. The catheter was then withdrawn, leaving about four ounces of the solution in the bladder.

"The electro-cystoscope of Lister was then introduced,and the current turned on. The illumination was complete. Through the rosy medium the small blood-vessels in the mucous membrane were distinctly seen. Upon the right side a deep-red, granular-looking mass was observed covering about one-fourth of the cystoscopic field.

"Two days later a corroborative examination was made under an anæsthetic. Upon the following Monday the patient endured an operation at St. Luke's Hospital. A suprapubic incision was made, through which the bladder was examined by means of an electric light, and the diagnosis made by the cystoscope verified in every particular." At the time of the writing, the patient was making a satisfactory recovery.

A careful description of the cystoscope is given in the paper to

which I refer. "There can be no question," says Dr. Otis, "as to its great value in diagnoses of many difficulties to which the bladder is subject. A variety of foreign bodies have already been reported as made out by use of this instrument. The locality, size, and color of vesical calculi have been demonstrated in my experience. In one instance two stones were seen where only one was formerly found. But it is in encysted or impacted calculi that its most essential service can be anticipated. The orifices of the ureters are quite readily brought into view, and it is more than probable that means will be devised by which the true source of a previously doubtful hæmaturia will be demonstrated."

I come now to the most fertile field for modern surgical investigation, and ask your attention for a moment to operations upon the brain and spinal cord. Those of us who studied anatomy ten, fifteen, or even five years ago, find in view of recent observations that we might just about as well not have studied it at all. What did we learn? In a gross way we learned the names of the anatomical parts. But beyond the fact that the center of articulate speech lay in the third left frontal convolution we learned nothing of particular and specific function. We studied the brain as a whole. It was a good thing to have a great conglomerate mass that in some was controlled thought, movement, sensation, and nutrition. The thought that there were distinct and separate centers for motion, sensation of pain, tactility, including that of heat, cold, weight, and resistance, had never dawned upon us. In this department the neurologist acts as a guide. He goes ahead and spies out the land. The surgeon bring up the rear, and reaps the fruit of his investigations.

The operation of trephining itself claims a remote antiquity. Dr. Victor Horsley, in a paper not long ago showed that it was practiced upon the continent during what was known as the Polished Stone Period, and the Museum of Anthropology in Paris contains some sixty specimens bearing on this point, and he claims that the pathological evidence afforded by the specimens themselves showed that the patients must have survived the operations.

The *Medical Record* of July 7 reports a successful removal of a tumor of the spinal cord by the same gentleman and an assistant. I quote its words: "The patient had for four years a constant pain under the shoulder-blade, with long fits of pain that maddened him. Paralytic symptoms also developed. A diagnosis of spinal tumor near the fifth dorsal vertebra was made. . . . The spinal cord was laid bare and the spinous process removed from the third to the sixth inclusive. The ligaments were cut through, the dura mater slit open, and the tumor shelled out. The wound healed by first intention, and the patient made a slow but sure recovery."

Dr. Horsley's researches show "that of fifty similar cases removal of tumor was the only remedy, and that if it had been resorted to 80 per cent. should have recovered, instead of which all died."

There has been a deal of ignorance concerning the separate centers of brain function, and the profession is beginning to find out how much. Heretofore a malady traced to the brain has been treated like a horse-thief, traced to Canada. We knew he was there, but had no idea in what part to find him, or how to get him out.

The point is just this: Every thought, motion, sensation, and function of our bodies has a distinct constant localized nerve center. Knowing which, the localization of brain lesion is as plain and simple as the electric fire-alarm system in our great cities.

All we need is sufficient knowledge; then when a diversion of function appears we can put our finger on the point of difficulty at once. Paralysis, amnesia, aphasia, agraphia, anæsthesia, and kindred perversions are then but so many guides pointing to the seat of difficulty, and the extent of the perversion shows how much.

The future success of brain surgery can be achieved by no haphazard methods, it must become a science. The man who depends on luck for honors had better let it alone.

But it is coming, and what shall be some of the results? Not only will the brain be relieved from the gross results of cranial fracture, but abscesses will be opened and drained. Heart clots will be removed, syphilitic deposits taken away, and more, the cerebral conditions causing the paroxysm of epilepsy, which so far has baffled the medical skill of all schools is going to be cured. Dr. Horsley's experiments upon monkeys the past summer show conclusively that the convulsions of epilepsy are due to the cortex, and not at all to the spinal cord. The leading surgeons have already something to report in this direction. Dr. Robert Weir, of New York, has operated ten times since 1883; three times for tumor, three for abscess, twice for hemorrhage into the cerebrum where there was no exterior indication of its locality, once for epilepsy, and once in November of 1887 for sarcoma causing persistent pain. At the time of this report in September last, the patient was living, but there were signs of a return of the growth.

Dr. Keene has removed a tumor of over four ounces with recovery, and Dr. Horsley one weighing four and one-half ounces. Dr. Chas. K. Mills, of Philadelphia, in a recent paper reported the results of 20 autopsies, performed by himself, in which cerebral tumors were found, one-half of which had been accessible to surgical relief, and would have offered possible chances for recovery. At the same meeting Dr. Russel Park, of Buffalo, reported the statistics of 63 cerebral operations. Seventeen terminated fatally, although but five could be properly attributed to the operation. Of these cases there were 15 for abscess, 11 opera-

tions for tumor, 12 for cysts, and 25 for miscellaneous growths. Seventeen of these operations had been performed by American surgeons.

In the literature of a year ago, Dr. Walsham collected a series of 82 cases of trephining for traumatic epilepsy, of which 48 were cured, 13 improved, and 4 not improved. Seventeen died.

Not only do coma, paralysis, and epilepsy come within the domain of cerebral surgery, but insanity as well, and Dr. Fletcher, of the Indiana Insane Hospital, is a pioneer. In the *American Journal of Insanity* he reports eight cases of trephining for traumatic insanity in which the mental perversions did not appear for some years afterward. "In all extensive adhesions of the dura mater were found, all at time of operation were melancholic, suicidal and profane, four were destructive to clothing. None were so now." All operations were successful.

In view of the facts to which I have called attention, can there be any doubt in what department of surgery the coming hero shall win his laurels? The cases requiring treatment are miserable beyond hope. A perverted brain has little to lose from any operation. The results of recent attempts have so far been brilliant. The time is soon coming when every surgeon must take a part. The practical question for us to ask ourselves is, Are we ready?

WORCESTER, MASS.

DISCUSSION.

Dr. Phillips did not feel like allowing the report regarding Dr. Noeggerath's conclusions to pass without comment. While it was doubtless true that cases of slightly lacerated cervix had been unnecessarily operated upon, it was quite as certain that hundreds of women had been not only relieved but permanently cured of serious and distressing conditions by the operation; and when the tendency to cystic degeneration is discovered it is important that the operation be made to avert a worse form of degeneration and the development of epithelioma. Dr. N. represents the extreme reaction from the too free application of the knife, and I am confident that in the mean between the extremes will be found the truth, and the best course to follow in the treatment of lacerated cervix.

Dr. Boothby criticised the reported operation of an exploratory supra-pubic opening of the bladder to ascertain whether the kidneys were diseased—as this was a much more dangerous operation than a laparotomy, by which the kidneys themselves might be examined, and if advisable removed, while this would have to be done in addition to the incision in the bladder, if it was found by this that the removal of a kidney was indicated.

OUR EXCHANGES.

—ATROPIA AS A PROPHYLACTIC FOR SCARLATINA.—W. D. Gentry, M.D., in *Med. Era.*—While physician to the Children's Home three years ago, when there were about fifty children in the institution, a child just from Ohio was received, and three days afterwards was taken

sick with scarlatina. I did not recognize the disease until the next day, when she was removed to an isolated room. The following day two other children were taken down, and that night two others. As soon as I discovered the character of the disease I mixed two or three grains of atropine in a tumbler of water and had all the children in the institution take a teaspoonful every three hours for two days. This put an end to the disease in the house. I have since used the atropine as a preventative in families where the disease occurred, and no child or person who took the medicine had the disease. I regard it as a certain preventative.

—To Distinguish Human Blood from that of Animals.—Cevera (*D. Med. Ztg.*) mixes the blood with a little bile, when he states that crystals of characteristic form are produced by which the source of the blood can be recognized. In the case of human blood, these are rectangular prisms; dogs' blood yields a similar form; horses' blood, cubes; sheep's blood, rhomboidal tables; rabbits' blood, tetrahedra; squirrels' blood, hexagonal tables; mouse-blood, octohedra; fowl's blood, more or less perfect cubes, etc. [We hope other observers will be able to confirm these statements, but confess a good deal of incredulity.—*Ed. Phar. Era.*]

—How to Treat Cramps in the Leg.—Many persons of both sexes are greatly troubled with cramps in one or both their legs. It comes on suddenly, and is very severe. Most people jump out of bed (it nearly always comes on either just after going to bed, or while undressing) and ask some one to rub the leg. I have known it to last for hours, until, in despair, they would send for the family physician; and even then it would be hours before the spasms would let up.

There is nothing easier than to make the spasm let go its hold, and it can be accomplished without sending for a doctor, who may be tired and in need of a good night's rest. When I have a patient who is subject to cramp, I always advise him to provide himself with a good strong cord. A long garter will do if nothing else is handy. When the cramp comes on, take the cord, wind it around the leg over the place that is cramped, and take an end in each hand and give it a sharp pull—one that will hurt a little. Instantly the cramp will let up, and the sufferer can go to bed assured that it will not come on again that night. For the permanent cure, give about six or eight cells of galvanic battery, with the negative pole applied over the spot that cramps, and the positive pole over the thigh. Give it for ten minutes, and repeat every week for one month.—*Ex.*

—Whisky not an Antidote to Snake Poison.—Hudson (in *N. Y. Med. Rec.*) writes to show the fallacy of the popular belief, often quoted approvingly by medical journals, that whisky is an antidote to rattlesnake poison. He quotes the results of Mitchell's experiments showing that the virus did not lose its toxic character when mixed with alcohol, etc. "If," he continues, "a large snake should bite a goat of fifty pounds weight, and soon after bite two children of about the same weight, the goat must die, but the children would not, for the reason that the goat would receive the largest amount of the virus, when there would be little left to poison the children. In such a case, whisky being used on the children, their recovery would be attributed to the whisky, so the friends and neighbors would think they have positive proof of a sure

antidote in whisky. Here is the fallacy which science alone can demonstrate. If, when whisky is mixed with the poison directly, it is no antidote, how can it become so when taken into the system remotely ?"

—Bag of Waters.—Professor Parvin says : "The bag of waters generally ruptures at the beginning of the second stage of labor. Should it not do so, it is advisable to rupture it, and this may be done generally by firm pressure of finger against it during uterine contraction. If this method does not succeed, a few notches may be cut in the finger nail, using it as a saw against the membranes."—*Coll. & Clin. Record.*
[Is this good practice? Ed.]

—For Bacchanalians.—Half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated. A wineglassful of strong vinegar will have same effect, and is frequently resorted to by drunken soldiers to enable them to return steadily to their barracks.—*Medical World.*

—Jacobi, in *Archives of Pediatrics :* "The physician is frequently asked by lady patients for something that will remove 'moth' and freckles. A writer in the *Pharm. Zeit.* says that a wash consisting of equal parts of lactic acid and glycerine will do the work, and is harmless when applied to the skin."

—Cerebral Congestion.—The treatment is very important. If you are called to the apoplectic variety, first loosen the clothing about neck and body, elevate the head of the bed, that the head may be higher than the feet, so the blood will pass away readily from the head. Apply ice bags to head. If the patient is conscious, give him ice-water to drink or a little ice. Keep him perfectly quiet; allow no company or noise, use no electricity at this time, and do not trouble the patient to eat for some little time. If he has a troublesome constipation, use injections after a few hours; bathe feet in cold water, for the secondary effect is rush of blood to the feet. Give no stimulants. Keep the body perfectly straight, especially the neck, so there will be no obstruction to the flow of blood. When the patient has recovered from one of these attacks and is in pretty good condition, then use the massage treatment daily, and then the galvanic current of electricity, but seldom about the head. Shampooing is good, but not in the acute stage.—Prof. Kershaw, in *Clinical Report.*

—Poisoning by Coffee.—Cases of coffee poisoning are so infrequent that the following case may be of interest :

A young girl of vigorous constitution and unaccustomed to the use of coffee drank one day ten cups of a very strong infusion. At the end of two hours, she presented the following symptoms: vomiting, vertigo, ringing in the ears, loss of memory, pain, pallor, disturbance of vision, coldness of the extremities, and numbness in the fingers. The pulse was more frequent, but not fuller nor more irregular than in the normal state.

Glogauer prescribed the following treatment: warm drinks, warm affusion, with hypodermic injections of morphia at the outside. These measures were followed by profuse sweats and a profound sleep. Upon awakening all bad affects had disappeared.—*Therap. Monats.*

—Treatment of Yellow Fever.—Dr. C. E. Fisher, former editor of the *Southern Jour. of Homœopathy*, gives his experience in the epidemic of 1878. He gave aconitum for the chill and fever of the first stage, with an occasional alternation with belladonna when headache, flushed face, trembling carotids and injected eyes were present. When perspiration was slow in appearing, bryonia 3x was given; a warm foot-bath with mustard in the water, or hot bottles to the legs or thighs assisted in obtaining diaphoresis. Where there was intense dryness of the skin, five drops of tincture of jaborandi hourly induced copious sweating. Nausea and vomiting were arrested by small doses of ipecac and arsenicum. Pretty good "allopathic" treatment that, Bro. Fisher; where did you learn it?

—Vinegar in Post-partum Hemorrhage, and After-pains.—Dr. E. C. Price (*in Hah. Monthly*) quoting from *The Brit. Med. Jour.* cites a case of most violent post-partum hemorrhage, in which, in the absence of ergot and ice, a wineglass full of brandy was ordered. Accidentally vinegar was substituted, when the bleeding ceased. The doctor says: "I have given vingear in several cases after labor when the uterus was slow in contracting. In every case contraction took place almost immediately.

"After-pains are produced by the alternate contraction and relaxation of the muscular fibers of the uterus. If you can keep up a permanent contraction of the uterus you will have no after-pains. To accomplish the above object, I had been in the habit for some time of giving two or three drops of fluid extract of secale every two hours, with complete success. The last patient I waited on had been married just about ten years and a half; during that time she had been the mother of nine children, besides having had two miscarriages, all single births. She told me that she usually got no sleep for two days and nights after the birth of the child the uterus felt flat, no tendency to assume a globular form. I gave about one ounce of vinegar; contractions soon came on and I removed the placenta. It occurred to me that if vinegar was more effectual than ergot in keeping up contraction, it should be more effectual than ergot in keeping off the after-pains. I mixed half a glass of vinegar and water in equal proportions and ordered a teaspoonful to be given every two hours. She slept nearly all night. Very little after-pain; thinks she would have slept the whole night had not the baby wakened her occasionally by crying; very little lochia, much less than usual. The next night had three or four pretty sharp pains. Uterus feels very small, very little lochia; pulse 55–56; temperature $97\frac{4}{5}°$. The following day pulse 57–62. Temperature $98\frac{1}{3}°$. Breasts full of milk; baby nursed up to last night, but will not to-day. Directed patient to get a nipple-shield for baby to nurse through. No after-pains, no tenderness of uterus, very little lochia; only took two doses of vinegar to-day; to take one or two doses more, and then stop."

—Spontaneous Cow-pox.—An interesting point bearing on vaccination was raised by Professor Crookshank, who in his investigations into the relation of cow maladies and milk scarlet fever, arrived at the conclusion that the Hendon cow disease, which gave rise to the well-known outbreak of scarlatina in Marylebone, was in reality Jennerian cow-pox. It will be remembered that last year Professor Crookshank discovered on a farm in Wiltshire some cows having an eruption which

was communicated to the milkers, and which in some respects resembled cow-pox as described by Jenner and Ceely. Calves were experimentally inoculated with this disease, one of which was exhibited at the Pathological Society. However, subsequent inoculation of these calves with the vaccine in use at the Government station proved that they had not been rendered immune to cow-pox, and the exact nature of the Wiltshire disease was therefore left in some obscurity. Professor Crookshank also attempted to show that the micro-organisms found in the Wiltshire disease and in the Hendon disease were identical, and he based upon this the opinion that they were septic in their nature.—*Brit. Med. Jour.*

—Bi-Manual Examinations.—A. V. Macan, M.D., in *Br. Med. Jour.*—He said that, from being in contact with men from all parts of the world, he came to the conclusion that the bimanual examination of the female pelvic organs was practically unknown to the great mass of the profession. Bimanual examination was incomplete unless the size, shape, consistence, tenderness, and mobility of the ovaries could be determined, as also the condition of the ovarian ligaments. Next the utero-sacral ligaments had to be palpated, and finally the Fallopian tubes. Two things were essential—that the patient be lying on the back ; that a suitable couch or chair be used. From this ability in diagnosis there followed certain methods of treatment. The first was the stretching or breaking down of bands of adhesion in cases of fixed retroflexion or retroversion of the uterus, and also in cases of prolapsed and fixed ovaries. All other treatment in his experience had been almost useless. The separation was effected by introducing two fingers into the rectum beyond the inner sphincter and between the posterior ligaments, and the thumb of the same hand into the vagina. The other hand was laid on the abdomen, and drew forward the fundus of the uterus. The second development of this bimanual examination was the systematic use of massage in the treatment of chronic pelvic inflammation, whether of perimetritic or parametritic origin. Massage had been practiced at the Rotunda with gratifying results. Such affections as tenderness of the posterior uterine ligaments seemed to be almost incurable in any other way, and indefinite pelvic pains often disappeared entirely after the first few sittings. The most startling claim, however, was the possibility of curing total prolapse of the uterus by these pelvic gymnastics in the course of six or eight weeks.

—A Remedy for Sea-Sickness.—Dr. J. J. Sellwood, of Oregon, writes in regard to the treatment of this affection, in *Therapeutic Gazette* : The remedies for sea-sickness are as numerous as those for vomiting in pregnancy ; but, after experimenting with twenty mild and severe cases, I venture to recommend the hydrochlorate of cocaine, properly administered, as a remedy of great value. Not that I wish to say that it will cure all cases, but that it will cure a good percentage of cases, and relieve nearly all of them. In severe cases, where symptoms of collapse are presenting, ¼ of a grain of cocaine should be given by the stomach every hour until the emesis is relieved. Then the dose should be decreased by one-half for twelve hours afterward, and gradually decreased from that on, until the patient is able to take and retain nourishment. Cocaine is easily retained by the stomach when rubbed up with a little flour and placed on the tongue. I have never known it to fail to give

relief, and have seen many cases cured by its use. If taken in ⅛-grain doses three times a day for one week before going to sea, I believe it would be equally beneficial as a preventive.

—Eczema Partly Cured by Vaccination.—In November, 1884, a child was brought under my care with eczema. The child was covered with it from head to foot. It was the very worst case I had ever seen. I treated the child in the usual way for about six months, but with no benefit. I then advised vaccination. This the parents refused, stating that the vaccination officer had repeatedly postponed the vaccination. From this time I lost sight of the child for about two years, when the mother again brought her to me. I found the child in the same state, one mass of eczema. During the two years it had been attending at the Northampton Infirmary as an outpatient. I again advised vaccination, and this time the mother consented, remarking, what was very true, "that the child could not be made worse."

I procured some calf lymph and vaccinated in the usual way in four places. At the end of a fortnight there was a slight improvement, and now (three months after) there is a decided and marked improvement. The face is quite clear, and the body generally, except some patches on the head, the back, and the backs of the knees. After the vaccination I told the mother to keep the child as clean as possible, but no treatment of any kind was used. There was no history of syphilis in the case, and I believe the mother carried out as faithfully as she could the various methods of treatment prescribed for the child.

Remarks.—I do not mean to say that vaccination is a cure for eczema; but I consider in a case of inveterate eczema it is worth a trial. In this case it was certainly a success, after every kind of treatment had failed.—J. Howell Thomas, L.R.C.P. Lond., etc. in *Brit Med. Jour.*

—Prof. Mohr was called to see a young woman, pregnant with her first child, who, on going into the cellar, tripped and fell down the stairs, injuring her spine and head, which rendered her unconscious for a while. In a short time a slight discharge of blood appeared from the uterus, indicating threatened abortion. She was put to bed, and ordered to keep perfectly quiet, but despite orders she arose and walked across the floor to get something from the bureau. During this act, the husband noticed a staggering gait, due to incoördination of muscles. Her mind was also confused, with an inability to recollect, and pains in the occiput. These, with other symptoms, led the doctor to prescribe gelsemium, which acted beautifully, and at term she was delivered of a healthy baby—*Med. Era.*

—Posture in Obstetrics.—In Greece the woman in labor was seated on a tripod; the nurse seizing her from behind around the middle of the body, rubbed and pressed upon the abdomen with both hands. This was also practised in modern times, in the farm-houses of Virginia, Ohio and Georgia, when the wife, seated on the lap of the husband, whose encircling arms exerted steady pressure on the abdomen above the descending uterus. Among our American Indians, massage and expression are common, the parturient occupying the kneeling, sitting, recumbent, or semi-recumbent position. Malpositions were corrected and labor hastened by the hands of an assistant who kneads

with the palms the loins and abdomen. The Creek Indians have a peculiar method of their own. The mother, strapping a pillow tightly to her chest with a belt, lies flat on her face and as the labor progresses the belt is buckled tighter and tighter until expulsion is accomplished. Some of these olden tribes use the lasso around the woman's arms, and with her half strung up, assistants rub and knead the abdomen, and to this is added a belt about the waist which is continually tightened as the labor progresses.—F. D. Brooks, M.D., in *U. S. Med. Inv.*

—Colicky Babies.—Usually when a physician is called to a colicky baby, catmint, anise, chamomile, sweet-flag, sage, pennyroyal, paregoric, and if in a homœopathic family coloc., dios., cham., have been tried. There are always found numerous teacups about with catmint or chamomile or pennyroyal tea. I take whatever I find prepared, have it warmed and strained, and with a rubber syringe, from which the air is carefully excluded, give an injection. After the passage from the bowels which follows, the child is relieved. Try it when you are at your wits' end to know what to do to still a baby howling with colic.—Julia Ford, M.D., in *U. S. Med. Inv.*

—Dysentery—Magnesia Phos.—In treating a case of dysentery lately I was at my wits' end to control the terrible pain in defecation. Merc. cor. suited the case well, and the stools were growing less frequent, but the pain was increasing, being so severe as to cause fainting. Something had to be done if I held my case. The pain in rectum and abdomen was *very severe*, more in rectum than abdomen. The tenesmus was like a prolonged spasm of the muscles employed in defecation. I exhibited "Schüssler's" mag. phos. in hot water. A hypodermic of morphia could hardly have acted quicker. The pain was *almost entirely* relieved by the first dose. The whole condition changed for the better, and I discharged my case the next day. In all my experience I never had a more prompt or pleasing result. Mag. phos. is a grand anti-spasmodic, and fully as reliable as our more frequently used remedies. I was led to think of it for my case of dysentery by a statement made to me by Dr. E. E. Snyder, of Binghamton, N. Y. He gave it with equally as prompt results in spasmodic tenesmus vesicæ occurring in a case of cystitis resulting from gonorrhœa. It certainly did me great service.—H. E. Leonard, M.D., in *U. S. Med. Inv.*

—Ferrum Phosphor.—Diarrhœa in children. Stools watery; mucus, green and frequent; child rolls its head and groans; face pinched; eyes half opened; urine scanty; pulse and respiration quickened; starting in sleep; stools undigested; the skin is hot and dry and there is thirst; dentition.—*Cal. Hom.*

—Lycopod.—Boils in and about axillæ; scurvy, itching, moist herpetic eruption; pus continues to discharge from boils for an unusually long time; they no sooner heal than fresh ones appear.—*Hom. Phys.*

—Dr. H. S. Burge in *Mass. Med. Jour.* (*Archives of Gynæcology*) describes what he believes to be fairly reliable signs of a coiled funis before birth. These are:

1. A peculiar pain, felt during uterine contraction, in that part of the uterus to which the placenta is supposed to be attached. Multiparous women tell us it is a pain different from the labor pains, and, perhaps, had not attended previous labors. Such a complaint on the

part of the patient should arouse suspicion; it should not pass unheeded.

2. Partial arrest of the pains, especially of the bearing-down efforts.

3. Retardation of descent in the presenting part without obvious cause, and its retraction between the pains to a more decided and persistent degree than can be accounted for by resistance of the soft parts.

4. Passing a finger high up so as to touch the lowest part of the coil. The whole or greater part of the hand may enter the uterus for this purpose, if the amount of obstruction appears sufficient to justify it.

5. A certain amount of blood discharged before the birth of the child, when not accounted for by lacerations of the cervix uteri or other soft parts.

6. Depression of the fundus during the pains at the supposed placental site (doubtful).

7. I would add another symptom, which I conceive to be of considerable importance—one that I can not explain theoretically, and which I have only learned by observation—viz., a persistent desire on the part of the patient to sit up. It must be ascertained, of course, that the wish to rise is not due to a desire to evacuate the bladder or bowels.

Of these seven, Dr. Burge places especial emphasis upon the last, citing several cases in his own and contemporary practice.

—Treatment of Diphtheria.—F. Englemann, after having made extended bacteriological studies on many of the substances usually employed as local applications in diphtheria, in order to determine their power to prevent the growth of the micro-organisms, concludes:

1. Diphtheria must be treated on the same principles as are generally accepted as applying to analogous processes in surgery and obstetrics.

2. The majority of the substances recommended for local application in diphtheria are not worthy of confidence, since they are not sufficiently antiseptic.

3. Scarcely any others act with certainty than have been proved of value in surgery also.

4. Most of the powerful antiseptics are unsuited for use in diphtheria on account of their local or general poisonous action.

5. Acetic acid appears to be recommended by its certain antiseptic action, its harmlessness, and the slight irritations it causes. It possesses in a high degree the power of penetrating animal membranes. —*Deutsche Med. Wochenschrift.*

GLOBULES.

—British Homœopathic Hospitals.—This is the caption of the Homœopathic League Tract No. 21. It gives wood-cuts of nine edifices and the names of twenty hospitals. Carry the news to Oliver Wendell Holmes.

—Painless Cathartic.—L. L. Gray, M.D., Central City, Mo., says: As a cathartic, I find acid mannate especially adapted to the treatment of children, being, in the first place, pleasant to the taste. It is well borne by the stomach, and its action is as certain as it is painless.

—A wash of equal parts of glycerine and lactic acid will remove moth and freckles from the face.

—Coffee finely powdered and mixed in an iodoform ointment will destroy the troublesome odor of the iodoform. The odor on the hands can be quickly and satisfactorily removed by washing the hands in strong coffee.

—Cimicifuga is one of the best remedies to cause dilatation of the os during labor, as it causes contraction of the longitudinal fibres : dose, five to ten drops of the tincture in one-half glass of water.—Dr. Walter Wesselhoeft.—*Med. Era.*

—Dr. Baldwin, of Coldwater, Mich., was called to Fremont, Ind., to perform a surgical operation, which he did, successfully. Since his return, Dr. Baldwin has received official notice that foreign physicians and surgeons must pay a $50 license fee for practicing in Indiana.

—Arnica.—Both transient and lasting effects of blows, injuries and falls. Give a high potency and let it act for weeks. After concussion, its exhibition should be followed by vomiting. Apoplexy. Toothache in right upper molars. Soreness after filling, and bleeding and pain after extraction. Cough during sleep which does not awaken. Feeling of beaten soreness all over, after hard work, walking or running.

—The Annual Session of the Homœopathic Society of Ohio will be held at Cincinnati, O., on May 14 and 15. Every homœopathic physician in Ohio is bidden to the feast and to come not empty-handed. Members are specially requested to make a determined effort to have a rousing good meeting. Chairman of bureaux will expedite the business materially if they will promptly report their members to the Secretary, in order that the necessary printing may be had.

Frank Kraft, M.D., Secretary,
Sylvania, Ohio.

—Visitors to Paris, during the Exposition, will meet with much difficulty and annoyance in securing rooms at hotels, unless previous arrangements have been made. With this fact in view, Mr. J. D. Stickney, who has had seventeen years as a professional guide and interpreter at Paris, and the practical training during the Exposition at Paris in 1878, and whose abilities are personally known to Mr. Chatterton, is now prepared to attend to the necessary requirements to secure hotel accommodations, rooms, etc., for those intending to visit the Paris Exposition.

Address inquiries to J. D. Stickney, 28 Rue de la Sourdière (near the Avenue de l'Opéra) Paris, France.

—Proceedings of the 24th annual Session of the Homœopathic Medical Society of the State of Ohio. Drs. C. E. Walton and H. Pomeroy, Committee of Publication. 1888.

" Dr. J. P. Hershberger attempted to report some provings of cactus, but, as *potencies* had been used in the provings, the I-dont-believe fellows ruled out his report. Yet these potencies *do act.*"

No, you haven't got that quite right. The principal reason why it was decided not to publish Dr. Hershberger's paper, was that the proving of cactus presented nothing that was peculiar ; that it was only a proving of alcohol ; not even that old " chestnut," " constriction about the heart " could be found.

—Mohammedan Customs.—In Mohammedan nations the genitalia of both sexes are scrupulously depilated.

—Abortion or miscarriage is very common, probably occurring in 85 per cent. of all women living in wedlock, at some time during their menstrual lives.—Prof. Danforth.

—E. B. Treat, Publisher, New York, has a unique publication which he calls "The Don't Forget It" Calendar and erasable tablet. It is very handy for brief memoranda, and being compact in size takes up very little space about an office.

—A farmer in Illinois sent the following order to a merchant by one of our subscribers, who had been at his house on obstetrical business: "Please send me 2 pouns shugar, a blackin brush, five pouns of coffy an sum leetle nales. My wife had a baby las nite an two padlocks an a monkey-wrench."—*Ex.*

—In tapping for ascites it is advised to use an ether spray for about five minutes, freezing a spot about an inch in diameter: the center of the spot is then to be thawed by simply applying the end of a finger for an instant and then making the puncture, which will prove absolutely painless.

—"An Ignatia Case." Under this caption Dr. H. J. Dionysius of Dwyer, Me., relates, in *The Clinical Reporter*, his experience with a sick baby, æt. 3½, which had cried almost constantly since its birth. Treatment for idiopathic colic availed naught. Close questioning developed the fact that the mother had during the seventh month been exceedingly lachrymose and angry with her husband for some fancied slight. On this hypothesis Dr. Dwyer gave ignatia 20° [sic] night and day for one month. Full recovery of child.

—It is at least always wise to be on the safe side, if that side is to be gained, and in no instance is this of more concern than the health of the household.

Proper disinfectants, properly used at different periods, certainly do tend to prevent the causes of many diseases, and the expense of their frequent use is so trivial it would seem as if in every well-kept household the use of a disinfectant would be second to nothing but soap.

The odorless yet powerful solution so widely known as Platt's Chlorides well deserves the title "the proper household disinfectant." It certainly should be known and liberally used by every well-meaning physician and householder.

—Arnica.—Is a valuable remedy. The woman has had a fall, to which she is now especially liable. She is beset with pains and threatened with abortion. Give the arnica and allow it plenty of time to act. Likely no other remedy will be needed for weeks. A "key-note" worth remembering is that the fœtus lies crossways, which makes the mother sore and restless. When in labor the arnica case has severe pains which hurt her a good deal. She is tender and sore all over and restless; every pain sends the blood to the face, and care must be taken to diagnose from belladonna, but the *bruised soreness* will decide the prescription if there be any doubt. Arnica should always be given immediately after confinement if no other remedy is called for. Perhaps again in a day or two it will be needed for the sever after-pains which come on every time the child takes the breast.

—Post-partum Artery.—An examining board down east is said to have rejected an applicant for license because he answered that he would control post-partum hemorrhage by tying the post-partum artery. The umbilical cord is the post-partum artery that ought to be tied with a strong ligature drawn tight enough to divide effectually the inner coat. When this is done the child is saved oftentimes from fatal bleeding or from losing much blood at a time when it is a ruinous loss, and the obstetrician from humiliation and censure.—*Am. Pract. and News.*

—A work entitled "Handbook of Pharmacy and Therapeutics," has been issued by Messrs. Eli Lilly & Co., of Indianapolis. The aim, as stated in the introduction, is to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic, and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession will find this work full of suggestions. It will be sent free to any physician, druggist, or medical student, by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this journal.

—A soluble preparation, containing proper proportions of those nitrogenous and phosphatic matters which are essential for the healthy growth of a child, is pertinent of Mellin's Food, but is not easily obtained in prepared foods as usually sold. It is not only readily digestible itself, but it actually assists to digest milk or other foods with which it is mixed. I have made a careful experiment on its actual feeding qualities, and am thoroughly satisfied with the results.—G. W. Wigner, F.I.C., F.C.S., President of the Society of Public Analysts, London, England.

—Bœnninghausen's Five Powders.—Bœnninghausen's five powders are: First, Acon.; second and fourth, Hepar sulph.; third and fifth, Spongia, all of the 200th potency. These are given in the order of their numbers, every thirty minutes, and their administration suspended as soon as relief is manifest. So that, according to the statement made, more than two hundred and ninety out of three hundred cases of croup which were of such a character that the writer is willing to designate them as "membranous," were cured inside of two hours, and the whole three hundred were cured.—J. P. Wells, M.D., in *Hom. Physician.*

—Hackey Ankle Support Co., 714 Pine Street, St Louis, Mo.

The Supporters (a pair) that I ordered of you for a member of my own family proved so much of a success that I feel justified in mentioning the supporter to such of my friends as I thought needed them. The single supporter I ordered for Mrs. Dr. Gardner was worn during convalescence for a serious sprain, and gave such pleasure that the patient, although she no longer finds it necessary, would not part with the supporter and can not say enough in its praise. The supporter ordered herewith is for the son of Pennsylvania's honored legislator, S. J. Randall, who is slowly recovering from a serious sprain, and needs its beneficent offices to enable him to recover the use of the injured joint. I am pleased at being able to write so positively concerning the merits of your appliances.

Yours truly,

R. W. Martin, M.D.,

Philadelphia, December 14, 1888. 1320 Walnut Street.

—Dr. Fubini of Palermo has found the local application of cocaine to the pharnyx gives great relief to the characteristic spasms in hydrophobia.

—In the words of Dr. Wurmb, the whole character of ignatia may be expressed in two words: "*Entgegengesetzte Nebenbeschwerden.*"—*Burt's Materia Medica.*

Is it any wonder that ignatia is *par excellence* for "slip-fidgets"? The "two words" reminded our "devil" of *one* word which he saw painted over a whisky shop in Berlin:

"Branntweinbrennereigeshäft." And it wasn't a big shop either.

OH-DON'T-OLOGY.

Don't permit children to play with cats from a diphtheria-infected district.

Don't pass by nitric acid in a leucorrhœa which leaves spots with black borders on the linen.

Don't argue that if a small amount of a remedy is good, a larger amount must necessarily be better.

Don't cancel your subscription because the editor permits your opponent to answer your attack. Fair play is a jewel.

Don't let your pregnant woman live upstairs. Dr. Mansfield (in *Omaha Clinic*) says it produces breech presentations.

Don't be a slave to the hot brick or hot water-bottle to generate artificial heat for patients. Try a bag of hot sand next time.

Don't forget that calcarea-phos., among its other good qualities, is almost an invariable remedy for excessive accumulation of gas in the stomach.

Don't neglect to examine the urine of each pregnant woman under your care (especially primiparæ) as early as the sixth month of gestation.

Don't say anything more about the silver dollar as a figure of speech to indicate dimension—as of the dilating uterus. It has become a veritable "chestnut."

Don't use pulsatilla in the beginning of a cold; think rather of aconite or belladonna. Pulsatilla is suitable for the yellowish green, bland discharge of the "ripe" cold.

Don't be deceived on oil of roses, for one drop of oil of roses and ten drops of oil of copaiba give a stronger perfume of roses than would eleven drops of the costly oil alone.

Don't be cold or disagreeable with your patients; nothing so much impedes success as indifference. Your reputation will be in proportion to your sympathy for the afflicted ones.

Don't practice medicine in Indiana if you happen not to be a hoosier, unless you wish to lay yourself liable to a license (fine) of fifty dollars. Somebody in Indiana is for State protection.

Don't forbid the parturient patient to sit up in the second stage of labor if her wish is very strong. It may be an attempt of Nature to deliver speedily and safely a child with shortened or coiled funis.

THE

AMERICAN HOMŒOPATHIST.

VOL. XV. NEW YORK, MAY 1, 1889. No. 5.

FRANK KRAFT, M.D., EDITOR.

WE give first place to a few words commendatory of the AMERICAN INSTITUTE OF HOMŒOPATHY. We do this not only cheerfully, but as a sacred duty, believing, as we firmly do, that our first obligation, as homœopaths, is to the national organization. The INSTITUTE has doublessly erred in many essentials, but so long as human nature is finite, and opinions continue diverse, just so long will there be inequalities and deficiencies in all creations of human parentage. But with all its shortcomings, the INSTITUTE is the outgrowth of combinations, at times, of the most heterogeneous ideas. It is never either safe or just to judge of a man, or body, by any individual act. Viewed as a totality the INSTITUTE stands paramount as an indestructible edifice, under whose canopy, as at present constructed, medical men of all sorts can safely assemble, be assured of fraternal welcome and respectful attention. It has stood the test of years; and despite the acrimonious debates which have taken place within its halls; notwithstanding the assaults made upon it in years past by a few disgruntled extremists and fanatics claiming kindred with us, and the villainous and scurrilous warfare waged against us by our elder brother, the INSTITUTE still continues the oldest and strongest medical association in the land. A casual review of its Transactions year after year will give the honest reader a very fair picture of the status of homœopathy in America. It is with no little pride and satisfaction that the lover of Hahnemann views the changes now transpiring in its work; the desire to make it yet more homœopathic; thus forever silencing the only tenable charge laid against its door: that of INCONSISTENCY.

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MANY other changes are evolving. The Senate of Seniors, a creation apparently similar to that of the House of Lords, is chargeable with shortcomings similar to all close corporations, or star-chamber councils. It is against public policy, against the genius of American institutions, to permit of any dark-lantern body, that sits in mournful quiet, deliberates, and fixes laws upon the great majority. Such, for instance, as the standing resolutions passed at the last annual session, which have caused so much of bitter feeling, and filled so many columns of our journals. Can no better, more suitable, more equitable way of administering the affairs of an national society be devised? Can no more fitting reward for long and faithful membership in the Institute be carried than this Æsculapian hierarchy? In this structure, no personal feeling finds judgment; it is a calm statement of much dissatisfaction, to which we have listened at repeated annual sessions,

A CAREFUL perusal of General Secretary Dudley's several circulars gives evidence of his constant alertness for the INSTITUTE's welfare. His thoughtful arrangment of *all* the details, minor as well as major, stamps his work as excellent. His editorial training is visible at all points. Thus :

"Papers designed by their authors for publication in the journals after presentation to the Institute, should be prepared in *duplicate*, and one copy placed *in the hands of the General Secretary before the close of the session*, as required by the By-laws."

Here he recognizes the demands of the press, and makes provision therefor. By this course every reader of a paper can select the journal to which his paper shall be given, thus relieving the General Secretary of the imputation of partiality ; as well as absolutely nullifying the danger of loss of papers. We would have changed this design in but one essential ; to wit, that the paper when read shall be *instantly* handed to the General Secretary, and not thereafter leave his possession except for publication in the Transactions.

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WE beg to be indulged in a few words more touching the last circular, and in this we feel confident we voice the opinion of every member who has attended the annuals for the past three or four or more years. And that is touching the hotel service. As we take it there is but the one hotel at whose mercy we will be completely. Can we be assured in advance that the per diem will include the usual and very necessary adjuncts of three good meals per day and a clean bed by night ? Or shall we be restricted to "the lake-view from each and all its rooms," the "spacious and airy apartments," "with high ceilings," unless one inverted goblet but partly conceals a silver half-dollar as a sop and incentive to the robber-knight in celluloid collar, alpaca jacket, and soiled napkin ?

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THE profession of medicine has been esteemed, we believe almost from time immemorial, a liberal profession ; not a moneyed profession ; nor yet a titled one. Few of its members have been rewarded with patents of nobility in countries where such honors are bestowed for meritorious conduct, or excellence in special departments. The profession of medicine is one of self-sacrifice, loss of sleep, absence from meals, hard labor, and—bad debts. If not openly avowed, thus it is regarded, tacitly, by the majority of practitioners. It was, therefore, a fellow-feeling which has made medical men generous to each other in their financial and social deals ; and from this has arisen insensibly but irrevocably that peculiar attribute of medical practitioners entitled "professional courtesy." Thus also has arisen that other desire, of freely contributing of their knowledge to the text-books and journals, in order that others seeing the good work might be benefited thereby and do likewise. For one professional gentleman to charge his brother for medical services rendered to the latter or his immediate family has been, is to-day, and we believe justly, regarded a violation of the unwritten law of professional ethics, more potent than all the canons and statutes of the past. If this be conceded, then to make charge, for the narration to a medical journal of clinical data, which

should be given freely, is, we contend, equally heinous, and equally reprehensible.

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IT has been our peculiar fortune to have met *one* (and we beg to italicize that *one*) who refuses to contribute to this or any other medical journal except payment be made him at the rate of ten dollars per page. Viewed from the standpoint of almost any other profession than that of medicine, and, of course, from any ordinary commercial basis, the seller of merchandise may affix a monetary value to his wares, and refuse to deliver unless the proper equivalent is assured. But if medicine be a liberal profession, made up of individual experiences—experiences by which our school has been benefited as a school, and each member individually; and if it be culpable to ask remuneration in money for medical services rendered a brother in the guild, then we assume that man or that woman to be unworthy a place in our profession who will not contribute of his intellectual largess for his brother's welfare or success, unless first assured that his labors shall be requited in dollars and cents. Where is the difference? In the one instance he furnishes medicines, time, care, and attention to his brother; in the other, time, experience, and knowledge. Why should he receive pay for the one and not for the other? Let us not be misunderstood, however. A professional gentleman who has given of his time and labors in the perfecting of certain lines of study, or has been the inventor of new modes of treatment, in the furtherance whereof he has expended his resources mental as well as financial—such a one has a perfect right to put his book or his ideas upon the medical market and insist upon an adequate *quid pro quo*. We say he has the right; but would it be politic? Where would homœopathy be to-day had Hahnemann insisted upon the "pound of flesh"? Have we not an instance in point in the obstetric forceps? Can any impartial medical man view with anything save disgust the mercenary spirit which prompted the Chamberlains in withholding that instrument from the public?

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THIS *one*, to whom we have already referred, is no longer a youth, struggling for a maintenance; he has passed the meridian of life and the shadows tend to the east; after the manner of the world he is well-to-do; himself an ex-editor and whilom incumbent of a professorship. He has profited times out of number by the experiences narrated in his former exchanges; he has doubtlessly picked up many a hint from the gratis contributions coming to his shears which has made him a better and more successful practitioner; yet now, in the zenith of his prosperity, he "flocks by himself" and will help no one other of the younger generation, nor his equals, unless he be paid ten dollars per page. The right to refuse contributions on the score of press of business, lack of time, or other assignable reasons, is conceded; but to ground that refusal on a mercenary basis is degrading to the proposer, and stamps him an ingrate to the medico-journalistic profession which nurtured him in his medical infancy, led him safely through his adolescence, and brought him to his present measure of success. In an experience of some years as editor and assistant editor, it is with feelings of joy we announce this to be the first instance of the small-tradesman spirit met with, and we sincerely trust it may be the last.

AN Accident Insurance Company, with offices in New York City and business rapidly spreading through the land, in a letter to the editor uses this language: "Furthermore, we would say, that we prefer a physician of the regular school, though sometimes we have appointed a Homœopathic one, where there was no other practitioner." If this statement had been penned at the instance of some corporation originating in Ohio or farther west or south, where Homœopathy has not the hold on the masses that it has in New York City and state it would be small matter for wonderment. But that a company having its corporate existence from a State famous for its support of homœopathy, professing to deal with all creeds, sects and politics; all trades and occupations,—that such an institution shall have the temerity to put of record so pitiful an exhibition of its narrow-mindedness and ignorance *is* rather surprising.

WHY DO WE VACCINATE?

By John Martin Crawford, M.A., M.D.

I HAVE never been able to understand how the introduction of one form of disease into the system can mitigate in the least the attacks of any other form of disease; how an attack of typhoid fever can put the system into a better condition to withstand the ravages of pulmonary tuberculosis; how an attack of diphtheria can enable the patient, should he survive, to battle the more successfully with scarlet fever; how the introduction of any poison whatever into the lymph or blood of a healthy child, born to the world to enjoy mental and physical an activity and pleasure, can better the child in the least degree by such interference with the delicate chemical action and physiological harmony of the life-forces. I have never been able to understand how the introduction into human life-blood of the nasty, rotten, gangrenous *debris* of decaying and dead animal matter, from some diseased child, sheep, cow, or other animal, extracted from the pimples, pustules, boils, ulcers, carbuncles, chancroids, chancres, or other death-dealing sores, can in any way improve the health of the individual, or make him the better able to battle against the ravages of the manifold diseases, to which mankind is heir.

My attention was first practically directed to this matter during the last epidemic of small-pox in Cincinnati. For the two years of that epidemic I was the resident physician to Pulté Medical College. The papers of Cincinnati were full of statements to the effect that small-pox was most prevalent in the German wards, and because the Germans would not vaccinate their children. Daily for three months, when small-pox was raging at its height, I made it my business to ask every patient that came to the dispensary if he and all of the family had been successfully vaccinated. Very rarely, indeed, did I learn of a person

that was over five years of age that could not show me the characteristic scar of vaccinia. During those two years the books of the dispensary contained about ten thousand different names. The numbers of children, treated by me during the vaccination craze for disastrous and horrible results of vaccinia, were many. Every day for months children were brought to me with fearful sores and ulcers on their arms or legs, as scientific (?) contributions to the glory of the immortal Jenner. Many were the cases of gangrene on the arms of infants, where the district physician of the city had been at work in the name of a too-credulous science. Many were the deaths, I was forced to believe, due to the results of vaccinia; and many were the cases of partial recovery worse than death, leaving impoverished blood, skin-eruptions, bronchitis, asthma, general eczema, and a heredity from vaccination and credulity sufficient to ruin the best constitution in the land. During that epidemic I saw and treated twenty-five cases of small-pox, every one of whom had been successfully vaccinated within seven years, most of them within two years. Some of these recovered and some died. One case on George street, in particular, startled me. The patient was taken very sick at the onset of the disease. I examined her and found a fresh vaccinia-scar on her left arm, as she told me, only three months old. There were four scars of vaccination in all upon her body. The patient was removed from her home, by order of the authorities, to the pest-house, and she died on the ninth day after the attack.

On Livingston street I was called to vaccinate a family, in my private practice. I obtained from Worthington's pharmacy some ivory points dipped in fresh, and so-called pure, vaccine-virus, shipped from Pettit's farm, near Cleveland, the very day before—the best virus that could be obtained. With these pure (?) points I vaccinated the mother and the eldest child; the remaining two children I vaccinated (?) with carefully cleaned ivory points dipped in vegetable glycerine. The mother at this time showed me two distinct scars, the results of previous vaccinia at different periods of her life. The mother's vaccination "took," as the phrase goes, as also that of the eldest child. The two younger children, of course, escaped, as the glycerine points were not sufficiently poisonous to produce any local disease. My *placebo* satisfied the parents that their younger children were proof against small-pox, inasmuch as their "vaccination failed to take." The mother and the eldest child were very sick from vaccinia, but they recovered to comparative health. Now let us look at the consequences: Six months after the recovery from the vaccinia the mother was taken with a virulent and confluent form of small-pox. On the fifth day of her sickness the authorities had her removed from her home on Livingston Street, and five days later she died in the pest-house. The eldest child, who had been success-

fully vaccinated, did not contract the disease, nor did either of the children who had not been successfully vaccinated.

These are but a few of many cases that came under my own experience and observation in that epidemic, among people, mostly adults, who had been recently vaccinated. I shall now call your attention to a few deductions from the statistics from the great European hospitals.

OFFICIAL EVIDENCE OF THE RESULTS OF VACCINATION.

The Registrar-General, in his annual summary for the year 1880, tabulates the small-pox mortality of London, England, for the previous thirty years as follows:

DECADES.	MEAN POPULATION.	DEATHS FROM SMALL-POX.
1851–60.....	2,570,489	7,150
1861–70.....	3,018,193	8,347
1871–80.....	3,466,486	15,551

To a fair-minded, logical man it would seem absurd, in the face of these figures, to claim that vaccination has saved thousands of lives, or that the mortality would have been greater but for vaccination, or that deaths from small-pox accrue, as the vaccinationists claim, from the "unvaccinated residuum," seeing that in the first decade, when very few were vaccinated, the mortality was not half so great as in the last decade, when, owing to the stringent laws in force, nearly all the people in London had been vaccinated. These facts, coupled with the additional fact that during the subsequent year, 1881, there were 2371 people who died in London of small-pox, 615 of whom were children under five years of age, *and who had been vaccinated*, would seem to point to an *enormous increase* of that dread disease, and would seem to refute the claims of vaccinationists, and cry aloud for the abolition of the custom governing the unphysiological, filthy, death-dealing practice.

In his report on the small-pox epidemics in Berlin, 1871, Privy Councillor Dr. Müller, a zealous advocate of vaccination, gives the following official testimony as to the benefits of vaccinia. He reports that, out of 3552 deaths from small-pox he recorded in Berlin in the year 1871, there were 484 cases in *vaccinated* children who were under five years of age, and occurring as follows, and yielding the following percentages:

	Small-pox cases in vaccinated children.	Deaths from small-pox in vaccinated children.	Percentage of deaths.
Under one year.....	179	99	55
" two years.....	298	127	43
" three years.....	295	111	37
" four years.....	244	78	32
" five years.....	175	69	39
Total number under five years.....	1191	484	41

Let me recapitulate: Out of 3552 deaths in Berlin from small-pox in the year 1871 there were 484 deaths out of 1191 cases, yielding 41 per cent. of deaths, in vaccinated children under five years of age. Such a frightful mortality was probably never known before the days of Jenner, in any country.

Another matter of interest to be mentioned here is the fact that the London Anti-Vaccination Society has shown that a *vaccination* epidemic is almost invariably followed by a *small-pox* epidemic, or, in other words, that vaccination begets small-pox.

Vaccination was made compulsory in London, in 1853, by an Act of Parliament; again, in 1867; and still more stringent laws were passed in 1871; and now let us examine the records. Since 1853 there have been three small-pox epidemics in London, each more fatal than the preceding:

	Date.	Deaths.
First	1857–8–9	14,244
Second	1863–4–5	20,059
Third	1870–1–2	44,840

[There have been two or three severe epidemics of small-pox in London since 1872, but I have not been able to obtain the statistics of these.]

The following data now, from the official records, on the increase of population in London during the periods above tabulated, will throw considerable light on this question:

	Per Cent.
Increase of population in London from the *first* to the *second* epidemic was	7
Increase in small-pox death-rate in the same period was	50
Increase of population from the *second* to the *third* epidemic was	10
Increase in small-pox death-rate in the same period was	120

Here comes another array of statistics from London that is interesting, to say the least:

The deaths from small-pox in the first ten years after the enforcement of vaccination, in the years from 1854 to 1863, were 33,515; and this in the kingdom that Jenner promised to rid of small-pox, if vaccination were enforced, and this is the way Jenner kept his promise! Again, the statistics show that, in the second ten years after the enforcement of vaccination, 1864 to 1873, there were 70,458 deaths from small-pox in London.

The following summary is from the published returns of the Registrar-General to the House of Commons, No. 433, session of 1877: In 1847, out of 539,965 infants born, syphilis carried off 255 before they had lived a year, the death-rate being 472 per million births. In 1871, eleven out of thirteen robust adults were syphilized by re-vaccination with lymph (?) from one child apparently healthy, at a vaccination sta-

tion (see page 283, report of Commons Committee for 1871). In 1875, after rigid enforcement of vaccination for many years, under the law of England, the number of deaths from syphilis among infants, under one year, was 1826 per million, an increase of 1354, or more than four times the death-rate of 1847. But the evils of vaccination do not rest with the inoculation of syphilis, now obviated by the use of the pure (?) virus from the cow. The infant-deaths from scrofula had increased in 1875, as compared with 1847, 660 per million. *Tabes mesenterica* had increased 2276 per million ; skin diseases, 320 per million ; erysipelas, 240 per million ; from bronchitis, please notice, there was an increase of 12,400 per million ; from diarrhœa, dysentery, atrophy and general debility, under one year of age, the increase was 12,700 per million. I could find no tabulation in reference to pulmonary emphysema and asthma, both of which pathological conditions I believe to be traceable to some form of skin-poisoning. Allowing me, then, to make a summary of these eight causes mentioned above, we would have an increased death-rate, under one year of age, over and above the increase of population, of 29,994 per million in 1875, as compared with 1847, when the blood of British infants was not poisoned by law, and under the advice of the British physician.

Again, out of 80,000 small-pox deaths during twenty years, given in Table 17 of these statistics, there were 43,000 in children under five years of age.

In 1856 Mr. Simon asked the different countries of Europe to report their experience on this question, through the medical fraternity, and 542 of these answers were published. Of these 114 believed that small-pox is only mitigated by vaccination ; 27 reported that they had seen fatal small-pox follow vaccination ; 20 saw many deaths from vaccination ; while the remainder reported a belief in the efficacy of vaccination, but admitted that many systemic evils result from the practice. Of these countries, Denmark reported *universal* vaccination, and 938 deaths the previous year from small-pox. Sweden reported 19,864 deaths from small-pox since compulsory vaccination. Holstein reported 152 deaths in the previous year from *vaccinated* small-pox. Norway reported that vaccination had not conferred security against small-pox, and that an alarming increase of syphilis, bronchitis, and skin diseases, was believed to follow vaccinia. Prussia reported that vaccination had not prevented small-pox, and that there had been many deaths from small-pox after re-vaccination. Wurtemberg reported that vaccination was no surety against small-pox. Austria returned the answer that cow-pox is only partial protection, and that its effects are not lasting ; and she closed her report by tabulating 13,784 cases of small-pox after vaccination, and 271 deaths. Baden reported vaccination compulsory. and 13,784 cases the previous year,

and 1309 deaths. The faculty of Prague reported 8178 cases of *vaccinated* small-pox, and 423 deaths. Bavaria gave no figures, but stated the following in her report: "*Vaccinated* small-pox patients may be met with in great numbers, and syphilizations from vaccinations to the misfortune of many families."

In the face of these figures the vaccinationists objected to the reliability of the statistics, and consequently the London Anti-vaccination Society instituted the following plan of investigation, probably the most scientific and most satisfactory experiment ever made on this vital question:

The Austrian system of railways is all under one management, and is under one general medical head. Dr. Leander Joseph Keller is that head, and had been for many years. When the small-pox epidemic of 1873 appeared in Austria, Dr. Keller, under request of vaccinationists and anti-vaccinationist, and from personal scientific interest, very carefully watched and analyzed the effects of small-pox on those who had been vaccinated and on those who had not.

The total number of persons under observation was about 60,000; and all, as nearly as possible, were under similar conditions of life. This railway employed at that time about 37,000 officials, servants, and workmen, and these with their wives, children, and pensioners would swell the number to about 60,000, quite enough under one general control to form a reliable basis of computation and analysis. In these two years, 1873–4, there were in the Austrian railway service 2627 cases of small-pox, 2158 of whom recovered, and 469 died. The following is the table showing the ratios of fatal cases under ten years of age, and in *vaccinated* and *unvaccinated* children respectively:

	Vaccinated.	Unvaccinated.
Under 1 year,	57 per cent.	43 per cent.
" 2 years,	52 "	38 "
" 3 "	34 "	17 "
" 4 "	22 "	16 "
" 5 "	23 "	13 "
From 5 to 10 years,	19 "	7 "

From the above unusually reliable statistics, therefore, it appears that in every case the argument is against vaccination, to say nothing of the numberless forms of systemic diseases that probably arise from the direct results of vaccination, no matter how great pains may be taken to secure the so-called *pure* virus. *Pure vaccine virus!* What a libel on consistency! Pus is pus, rottenness is rottenness, and virus is virus! For an intelligent physician to know that this vaccine *virus* is taken from the filthy, ulcerating sores, the outlet of systemic poisons, and for him to libel physiology and call the nasty, gangrenous, nauseating stuff *pure*, and then deliberately inject this very animal matter

into the circulating fluids of a healthy, innocent, and beautiful babe, and in the name of science, is a problem in medical and moral ethics that I have never been able to solve.

Let us examine other official records of the vaccinationist, as seen in the "Report of the Small-pox and Vaccination Hospital, England, for the year 1866." From this report it follows that the ratio of *vaccinated* cases to the whole number of admissions of small-pox patients has gone on steadily increasing.

RATIO OF VACCINATED CASES TO THE TOTAL NUMBER OF ADMISSIONS.

Epidemic of	1851.....	53 per cent.
"	" 1852.....	66 "
"	" 1856.....	71 "
"	" 1860.....	78 "
"	" 1860-66.....	81 "

In anything but medical science such arguments would be final, and the question would fall at once.

Before going into the discussion of re-vaccination, or the so-called many-marks practice necessary to prevent small-pox, I beg to remind my readers that the acceptance of this theory knocks the very last proofs from under the pretensions of the illustrious Jenner. This immortal benefactor or malefactor, as the case may be, taught, *first:* that one operation was an absolute preservative from small-pox *for life.* He taught, *second:* that one insertion of lymph (?) was sufficient. He taught, *third:* that the lymph (?) to be employed was not to be that known as *spontaneous cow-pox virus*, which, he said, was that derived from mere local eruptions, and not protective against small-pox. He taught, *fourth:* that it is impossible to communicate other blood diseases through inoculation of vaccine matter.

Every intelligent reader knows that every one of these pretentious propositions is now repudiated as unscientific, if not, indeed, scouted as ridiculous—a fact that places the whole theory in a very absurd position, to say the least.

Now let me say a few words of remembrance to the theory now prevalent, that the greater number of vaccination-scars, the greater the protection. A few examples will suffice, as well as more, to show how ridiculous is this popular fallacy, and should prove that the protection thus promised is in *inverse ratio* to the number of scars.

I find in the Metropolitan District Asylums Report, England, the following tabulation of deaths from small-pox in children under five years of age. The percentages of deaths among the *vaccinated* are as follow:

	Per cent.
One mark.....	22
Two "	28
Three "	82
Four "	26

The following table is taken from the *Deptford Hospital Report for* 1879, showing the number of cases of small-pox admitted to that hospital in that year:

One-mark admissions,	317
Two-mark "	384
Three-mark "	447

The following tabulation is from the *Homerton Hospital Reports* for 1871–77:

One-mark admissions,	1042
Two-mark "	1259
Three-or-more-mark,	1261

The following table is from the *Fulham Hospital Report*, for 1878:

One-mark admissions,	149
Two-mark "	156
Three-or-more-mark	202

From the *Metropolitan Hospital Report* for 1870–72:

One-mark admissions,	1124
Two-mark "	1722
Three-or-more-mark	1677

Certainly these figures do not argue very favorably for re-vaccination.

Now you ask me: "What about vaccination from the cow?" I answer: Here is another refuge for the credulity of the masses and for the humbuggery of the medical profession. Many a vaccinationist, when driven to the wall in his arguments in favor of the Jenner theory, has replied on the run: "If arm-to-arm vaccinnation will not protect, then *lymph* (*?*) direct from the the cow will." Here I find again this unphysiological definition of *lymph*. I would sooner define the vaccine stuff as *the foul, nauseating, gangrenous pus of concentrated nastiness!* The introduction of this vaccine matter, as a substitute for the arm-to-arm inoculation, has been urged upon the masses by the medical fraternity for seventy-five years as a protest against the spread of the many abominable diseases introduced into the human family by the former method. In fact the vaccinationists of to-day have pretty generally abandoned the arm-to-arm method and have tumbled headlong into the slough of cow-virus. Moreover the cow-pus-vaccinators are almost passionate in denouncing the arm-to-arm practice, and in recording its dangers.

Here some of my readers may wish to ask: "Are there any risks of inoculating into the human system diseases from the lower animals?" I answer that the risks are in my opinion great, and the dangers many. On page 337 of the *Handbook of Vaccination*, Dr. Seeton says that there is no man in England so well able to give a valuable opinion on this question as Dr. Ceely, whose views are expressed in his own words as follows: "I look upon this proceeding [cow-virus inoculation] as not only

open to the objections of impracticability, as applied to the general population, and of unsuccess, but I also say that so far from being likely to produce fewer ailments and cutaneous eruptions, I know from my own experience and observation that it produces more."

This abominable, filthy, and unscientific practice arose out of, and was built upon Jenner's *most unconditional and positive assertions* that cow-pox would prevent small-pox for life, and that the general propagation of cow-pox, or general vaccination, would absolutely and speedily annihilate this dread disease. Not a vestige of Jenner's pretensious claims has been verified; albeit the medical world still worships his immortal name, the name of a man who vaccinated his own son into the grave, in blind cupidity, and who has sent, and still continues to send by the same vaccine-virus road, countless others to keep his son good company.

In England alone, during the twenty-one years from 1853 to 1874, after the passage of the law making vaccination compulsory, there were 106,135 persons who died of small-pox; and, according to statistics, about 10 per cent. of small-pox cases are fatal, therefore, according to simple arithmetic, over one million cases of small-pox must have occurred in England in these two decades. This disease has never been absent from the death returns for any year since the passing of the compulsory law in England in 1853.

Ireland and Scotland are often quoted as the *beau ideals* of well-vaccinated countries; yet there were 4292 deaths in Ireland in the two years following the sitting of the committee to enforce vaccination; and in Scotland there were 1432 deaths in the same time from this easily exterminated (?) disease. Prussia was once pointed to, as one of the best protected countries of the world through efficient vaccination, yet 69,839 people died in Prussia of small-pox in 1871. Spain, however, that never adopted either the filthy process of arm-to-arm inoculation, or the rite of vaccination, has never suffered materially from small-pox. This much-dreaded disease unaided by *vaccinia* does not enter some countries; and when it does, it is by no means a very destructive agent. Its ravages before the days of Jenner have been shown to be very greatly exaggerated. Pulmonary tuberculosis kills more people in a week, on the average, than small-pox kills in a year, and the contagious character of this frequent visitor to every cabin and palace in the world is well established; yet this universal slayer of mankind is generally regarded as unworthy of serious consideration in comparison with small-pox.

In my judgment no libel on medical science is more atrocious than that contained in the words of the Privy Councillor: "Jenner's discovery in utility to human life may rank with any achievement of man."

When I consider the depths of superstition into which the medical profession, in common with others, was plunged in mediæval times, when I consider the tortures then inflicted on the suffering and helpless, I am forced to pay tribute to the honor of that man who emancipated himself from all the mediical degradation of his day, and who put far from him the writings of the schools that taught a system of physic which, in its free blood-letting and in its vile and poisonous decoctions, was but little in advance of the self-tortures, personal lacerations, incantations, charms and magic formulæ, of which the mad-stone is an every-day reminder.

I had thought to include in this article a few pages devoted to Pasteur and his death-dealing practice of innoculation against hydrophobia; but this unscientific craze seems to have died of its own folly, or from over-praising, and at this writing there is hardly enough left of the filthy corpse upon which to base a respectable paragraph.

The medical profession is incomparably more useful and humane under the new order of things, and under the milder methods even of other schools; yet notwithstanding the progress in many directions, I say in all sincerity that I believe that the art will never be wholly given to healing the ills of mankind, and to the promulgation of physiological laws and methods, until such practices as Jenner and Pasteur have thrown upon the world will have gone down to oblivion, or have been buried deep beneath the universal oppobrium of an enlightened people.

DISEASES DURING GROWING AGE.

By Dr. J. Comby.

Translated with Comments by S. Lilienthal, M.D.

THE debility resulting from rapid growth shows itself by diverse troubles and predisposition to diseases. A rapid growth, coming on under physiological conditions or after an acute disease, demonstrates itself by elongation of the skeleton. The epiphyses of the long bones simulate an inflammation, which is often considered as ostitis or an ostromyelitis of young people; but without referring directly to growing these infectious accidents to which it predisposes, we can not deny the close relations which unite growing with certain exostoses and hyperostoses, plain witnesses of an exaggerated bony formation. These productions, which engraft themselves on the bones of adolescents in the neighborhood of points which show growing pains in the length of the bone, deserve to be called *exostoses of growing*. This osseous development exalted by growing manifests itself in different manners, as the spontaneous pains at the level of the diaphyses, or more often at the epiphyses, in the neighborhood of articulations,

especially of the knee, which becomes painful to pressure, to walking, etc.

Might we not include the headaches at the growing age, caused by affections on the bones of the skull. Bonilly has studied this growing fever in correlation with these bony pains, and it is a fact that the pain is not located in the bones, though they are the first affected, but presents many irradiations, manifesting themselves by the different temperaments and idiosyncrasies,—thus, some subjects complain only of vague pains in the head as well as in the trunk, accompanied by physical and mental inaptitudes; the child, which before its growth was active and intelligent, refuses to exert himself, everything seems too much like labor. Other ones become nervous, irritable, suffer from insomnia and nightmare; others, again, otherwise vigorous and alert, hate to walk rapidly, and fall easily when they try it,—as a little girl showed numerous ecchymoses on her knees from the frequent falls which she had, while she grew fifteen centemetres in six months. The pains may also attack the stomach and viscera, and we meet then dyspepsia, gastralgia, nausea, vomiting, etc. Appetite is nearly always diminished, and the little patient thus becomes weaker, which may finally lead to real diseases. In two little girls I witnessed obstinate nosebleeds, and they became anæmic, in consequence of too rapid growth. Chlorosis, as a dyscrasia and as a nervous state, are too well known as arising from the same cause. I also met hysteria and chorea in neuropathic children in consequence of too rapid growth.

Hypertrophy of the heart has also been mentioned in this direction. Prof. Constantin Paul says ("Diagnosis and Treatment of Heart Diseases," 2d ed., 1887): "Will the palpitations from rapid growth finally lead to hypertrophy of the heart? Hardly ever! The heart is only agitated at different periods, while at intervals we find it absolutely normal." Still Prof. Germain Sée insists upon it that during second childhood, between the age of eight and sixteen years, hypertrophy of the heart may be produced by rapid growth, while others consider it more a dilatation than a hypertrophy, which ceases with the growing. In fact most observers come to the conclusion that rapid growth may engender palpitations, with or without erythmy, and that cardiac hypertrophy from that cause has hardly been seen.

Bouchard, in his classical work, "Diseases from Deficient Nutrition," finds that growing renders the child more liable to diseases; the slightest causes provoke, then acute affections followed by chronic ones, as bronchitis, a prelude to phthisis; angina followed by glandular engorgement, tending to induration and suppuration; even simple contusions may become the starting-points to fungous arthritis or to suppurating periostitis.

Such are the possible consequences of growing under physiological

conditions; but we must also consider it from another point, when the effects of rapid growth are added to the debilitating influence of an acute disease, and Bouchard says on this point: "Though usually in children convalescence from acute diseases is the harbinger of a better state of health than they had before they took sick, still we see, in children who have grown during a long and tedious fever daily about a demi-millimetre, that their convalescence languishes and becomes too often the starting-point of scrofulosis and tuberculosis.

Observations of obteomyelites and periostitis, as sequelæ of typhoid fever in young people, become more and more frequent. These more or less grave inflammations are the morbid products of these bony elongations, of which the cutaneous spots are the proofs. Hygiene and hygienic alimentation are here tantamount to ward off the evil consequences. To children who grow too rapidly, and who morally and physically suffer therefrom, Bouchard prescribes milk, which is easily digested and which by its fat and sugar suffices for all the needs of the respiratory organs. Eggs, and especially the yolk, bread, and dry vegetables, are allowed. Mental and physical rest is of the utmost importance; fresh country air can hardly be dispensed with. With such hygienic measures drugs become a superfluity; the color reappears, strength and energy return, exercise becomes a pleasure, and a stimulation and natural development follow.

When will children reared in the hot-houses of city life be allowed the privileges of their country cousins, who grow up under nature's own protection?—*Progrès Médical.*

It is most astonishing that in most text-books on diseases of children the affections emanating from rapid growth are hardly ever mentioned. We meet articles on rheumatism, chorea, endocarditis, on scrofula and anæmia, and it may therefore be advisable to lead the attention of students to another and frequent proximate cause, as cases of it have been witnessed by every practitioner, and many a case of tardy convalescence or neuropathic disturbance can now be traced to this faulty growth, which in itself is already a pathological state. We do not entirely agree with the French physician that medicine is not needed, but sensible hygiene alone suffices; and he may be pardoned, for he does not know the value of Hahnemann's antipsorics, which are just as often indicated in acute cases as for the eradication of constitutional dyscrasiæ, and to me Hartmans and Guernsey give many valuable hints for the treatment of the children. Strict and common-sense hygiene must go hand in hand with the individuality of the remedy suitable to the case and the hour; but if I had to do only with one of them and omit the other, give me country air, good suitable food, mental and

physical exercise *pro re natâ*, and the local trouble will vanish by restoring the normal growth of every organ in the body.

San Francisco, Calif.

SMALL-POX.

By William Owens, M.D.

THE fact that reports are reaching us through our journals and the public press that small-pox exists to a greater or less extent in various portions of the country, admonishes us of the possibility that it may take an epidemic form in some portion of the country in the near future. In view of this fact, I desire to offer a few suggestions in regard to its management, which may prove valuable to those who are called upon to undergo the sufferings of this terrible scourge, and possibly to some members of the profession as well.

Without going into detail of etiology, pathology, symptomatology, or treatment, I wish to present a few practical points only with which all should be familiar.

We will suppose that nearly all persons have been more or less successfully vaccinated. Some of these, as well as many who have been vaccinated, are liable under certain conditions to control some form of variola.

The intelligent physician can, and often does, contribute much to the comfort of his patient, and I have no doubt toward the saving of life. He can reduce the temperature of the body and thus modify the grade of fever. This will limit the violence and extent of the eruption, and to a large extent prevent pitting, or reduce it to minimum.

First. The physician can make his patient comfortable by seeing that he has a room suitable to the season rather cool than otherwise. The room should be well ventilated. The patient should have a comfortable straw or shuck mattress. Should heat and restlessness be marked, the covering should be light. The body should be sponged all over with tepid water until the vesicular stage of the eruption has been reached ; then use boiled milk or glycerine and sweet oil in equal proportions. These applications will be exceedingly grateful in allaying the itching and soreness of the skin, and keep it soft and pliable, and contribute largely to reduction of secondary fever which usually attends the stage of desquamation.

Second. Medication may be resorted to as indicated. Two of the most valuable drugs for this disease I have found in digitalis and zinci sulph., to be used when the following indications are present : Digitalis, 2d d., when there is burning heat all over the body, with itching and prickling in the skin, great thirst, redness, and painfulness of the eyes,

aversion to light, violent throbbing and beating in the head, extending to the eyeballs ; great dryness of the mouth, with painful constriction of the throat ; violent throbbing and beating of the heart ; severe pains in the small of the back and sacrum, extending to the lower extremities, preceding the eruption.

Zinci. sulph. grs. 2, in six ounces of water For dryness and soreness of the mouth, palate, uvula, tonsils and tongue, all much swollen and inflamed, or covered with dark sordes. The breath is exceedingly offensive. Under the influence of this drug these conditions will be changed in a few hours.

The physician can do much to prevent pitting or reduce it to minimum. The vesicle is simply an elevation of a portion of the epidermis caused by infiltration of serum beneath it. The corium of the skin is not yet involved. If therefore we puncture the vesicle as soon as it fills with a needle or lancet and discharge its contents, we shall have little or no pitting. As soon as the vesicle is empty, bathe it with the glycerine and sweet oil lotion. Treat all vesicles on exposed parts in the same manner. In a few months even the worst cases will show but slight traces of the pox. Under this management, the vesicles seldom became confluent and pustules rarely form, consequently no ulceration of the papillæ of the skin takes place and no eschar.

Northwest corner Seventh and John Streets, CINCINNATI, Ohio.

VARIOLA—SMALL-POX.

By ROBERT BOOCOCK, M.D.

THE very naming of this subject brings to almost every mind, vaccination as the well-tried preventative of this much-dreaded disease. I am a thorough believer in its preventative power, and shall continue to rely upon it, until something better is as fully proved successful in the saving of life, and prevention of those who recover from small-pox from being scarred for life.

" To prevent is better than to cure," is a truism as applicable to this and other diseases as to anything else. That vaccination is accepted by all true scientists as worthy of confidence, may be inferred from the fact that, at this present time, very many in almost all parts of the world are experimenting by vaccination to prevent many forms of blood disease. Their presumption is based upon the success of vaccination with cow-pox virus, and their reasoning is, that if the animal matter will prevent in this disease (variola), then other forms of animal matter may when applied prevent other forms of disease equally as fatal to the population as this was before the recognition and application of Jenner's valuable discovery. But why are there so many failures in the

present day of this prophylactic? I verily believe it is because of the commercial value and competition amongst so many for control of the market, this necessarily reducing the quality of the virus but increasing the quantity; and it is this poor quality of virus that oftentimes, when applied to a bleeding surface, will or may leave a scar as deep and perfect as a true vaccination, and yet may not contain the power to prevent the disease. This is seen by the many cases of death in every epidemic of small-pox, when good scars are clearly seen. The defect is not in the theory but because of poor virus in the practice. These competing producers of vaccine virus may be forcing their cattle too much to meet the market's demand. What we want is the virus from young heifers that have the cow-pox, not that obtained from heifers that have been vaccinated from another. Does not this very forcing or artificial way of its production defeat the end desired, the protection from variola. Another practice against which I would lift my voice, is the vaccination of one human subject from another; the most serious defect of this is that in the transmittal oftentimes constitutional diseases are transmitted also. True, humanized will act quicker than cow-pox virus, but had we not better be a little slower, to be surer in our results?

Another cause for the failure of vaccination is because it is not fully understood, or if so not heeded, that the protecting power will run out; so that every every five, or at the longest seven, years there should be a compulsory revaccination of the entire public. Should vaccination be made compulsory by the legislature of every State, and then properly enforced by the board of health, small-pox would be eliminated, or, if not that, so modified in its results that it would be a dread no longer. I must necessarily, for want of space, confine myself to the mere mentioning of several things which I could enlarge upon very extensively, and with these few remarks upon the prophylactic, I will now pass on to the disease itself.

VARIOLA.

I shall open this subject with an account of a case that came under my notice, and upon which I wish to base some of my argument. John M. was taken sick and complained to me of a horrible head and backache; he had a very high fever, foul tongue, and bad breath. I gave him Bab. tincture every hour, and promised to see him on the morrow. The next day I found him no better; this convinced me it was not typhoid fever. I examined him more carefully, and found on the arch of the palate a number of large red spots somewhat elevated, much larger than such we see in measles, before the rash comes on the surface of the body. I then saw that I had a case of small-pox on my hands, and told the wife of it. She said, if he has to go to the pest house he will surely die. This I as fully believed would be the case,

for he was a very nervous subject. Then, as I believed that I was not obliged to report the case until the eruption was fully out, so that the disease could be distinctly recognized, I resolved to wait another day; and as he craved something sour, something that he could taste, I looked upon this craving as a natural indication, and therefore gave him sulphuric acid in water, a teaspoonful every hour or until his throat was satisfied. The next day I found that he had used up the whole glassful, but what was my joy to find him every way better, almost well! Head and backache all gone, fever all gone; the tongue remained partly coated, but the obnoxious breath was gone, and no spots visible. I kept him in bed that day, but the next day he was up and about, rather weak and trembling, but all trace of the disease was gone. This craving for acids brought to my mind what I had learned in England, that in an epidemic of small-pox some had given their patients cream of tartar water to drink, which had modified the whole course of the disease and promoted quick cures, and without any loss by death. From these indications I felt justified in giving the acid. I know that this one case will not justify me in concluding that I have found the remedy for this fearful disease, but this I do claim, that it will help to show or point out a way that will be worthy of trial, and if it will only do for others what it did for this man, what a blessed boon it will be for humanity! Fear I believe to be a very prolific factor in the spread of all contagious diseases, and to prevent fear is to save contagion; and right here I shall theorize a little on this case and these zymotic diseases. Zymoses is ferment in a human body; as one of my dear medical friends objected to the use of this word ferment in my last article, it would perhaps be more acceptable to him if I had used the terms now considered more scientific, such as microba, or germs of some family of micromas yet to be classified if not, discovered. This disease of variola must be a germ disease owing its specific poison to the ravages of some yet to be named microba. But would the discovery of the microba be of any assistance to us? Diphtheria is now known to be caused by some such, but we have no sure antidote as yet, and so it might be with variola; but if this form of disease is owing to a germ of some kind then it has always done so, and we are no nearer a cure, unless this form of acid or the various acids are to be the true antidote.

Does fermentation in the human or animal constitutions follow the laws controlling fermentation in other matters? When we look at fermentation in the vat, the first stage is the vinous, and then the acid, when fermentation ceases, but when we see a fermented mass of mud or sewage or filth of any kind; if we could bear to watch close we could see that it was all in motion, something moving in and out of the seething mass; bubbles force themselves upward and then burst, giving off a gas of sometimes such strong odor as to cause sudden illness

when inhaled. This gas is probably carbonic gas, which is poisonous, disease producing. The gutters and sewers of our cities are emitting this poison in almost every thoroughfare. Why should not our health officers have power to compel a change, by closing every drain and carrying the pent-up gas by large pipes to the tops of the houses, where the winds of heaven may scatter or purify them? This would save the children, whose only place for play in the cities is the street, where those poisonous gases abound. Is it any wonder so many children die? These little people are nearer to the surface than the adult population, and are the earliest victims of these deadly micromas. How do we arrest fermentation? We can do so by diluting it. This is what the rain-storms do, as well as wash away the putrid mass. If the fruit in the preserving jars ferment, the good housewife or cook will put them over the fire and evaporate the water and thicken the syrup. Then fluids that are to be kept any length of time must be made strongly acid, or alcohol must be used to prevent ferment. There are many medical men in every school that are trying to destroy the disease germs, by prescribing alcoholics of various kinds, under what we think to be a mistaken idea so far as the human subject is concerned. Alcohol, as is well known, will destroy germs, for up to the present time nothing will live in it—so far theory is correct. But when this effort to destroy disease germs does at the same time destroy what the feeble life depends on, there can be no gain. All animal life depends upon pure air or oxygen; this the all-wise Architect of the Universe gives us in great abundance, and in every normal life this can never be received to its injury, as such oxygen is life-giving and life-sustaining, and doing its utmost to neutralize those poisonous gases.

Now it should be fully understood that alcohol destroys oxygen when taken into the system, and retains carbonic acid gas in our bodies, instead of stimulating its exit. For we all know if this carbonic acid gas were retained for five minutes we should die. Normal life we are told is the balance of the inhalation of oxygen and the exhalation of carbon, and whatever tends to destroy this balance is disease-producing, for the change never comes on the side of oxygen, but on the carbonic side of life and ever to its injury. Alcohol does this always; therefore, alcohol is not to be used to destroy disease germs, for it is far more fatal in its destruction of that which life cannot dispense with; this is ever its mission, however moderate its dose. Perfect balance will be destroyed, and the life will be enfeebled instead of strengthened in its struggle to resist death. If this is always the effects of alcohol, then it is of no benefit to the system. If then alcohol can not be used to destroy these germs, we must seek for another remedy. Then what is that remedy? To this we answer acids, which do end the fermentation. Therefore the various forms of the zymoses must be counter-

acted by the various acids. The blood in all forms of zymoses is I believe thickened, loaded down by effete matter that should have been cast out, thus causing disease. This can be very much thinned by acids, as for instance the bitters or acid wines for this plethoric condition. Lythemia is also another form where acids will be no better than alcoholic remedies. Then take the trend of medical minds of today, are they not using more acids as remedies than ever before? But of this I feel sure, that all forms of zymotic diseases will be best and and the quickest cured by acid treatment.

Flatbush, L. I., N.Y.

TUMOR OF THE BREAST.

By J. Compton Burnett, M.D.

Miss S——, æt. twenty, having had her left breast condemned at a well-known London hospital, excited my sympathy, and I had her brought to me, offering to treat her for nothing, as she is but a poor orphan.

She came on May 24, 1888, and informed me that two years previously a lump came in her left breast, which lump persists in growing, and pains. In the left mamma there was a tumor in its outer lower fourth, about the size of a baby's fist. In my experience, mammary tumors are most commonly of ovarian origin. It was so here. The left ovary was hyperesthesic and the menses had always been too frequent, at the time in question every fortnight. Patient was a large salt eater. The mamma were rather unduly large. She had been recommended by the physicians and surgeons at the hospital to have very nourishing diet, and to take as much milk as possible!

In three months the menses were normal; the tumor was gone, and thus far has not returned. Thuja 30, acid nit. 30, and sabina 30, were used in infrequent dose, and each given during one month by itself alone and in the order named.—London, Eng., *Homœo. World.*

FERRUM PICRICUM IN COMMENCING VASCULAR DEAFNESS, WITH LARYNGEAL CATARRH AND ENLARGED PROSTATE.

By Robert T. Cooper, M.D.

Edw. H., a light-haired man of forty-nine years of age, admitted to the hospital, Nov. 24, 1888, with catarrhal laryngeal symptoms which have been going on some fifteen or sixteen years, viz:, much phlegm in throat in morning after waking, throat relaxed, and voice falls off after speaking in public. Has been treated at Golden Square hos-

pital. Lately hearing is becoming affected, and is much troubled with cracking in the ears; watch-hearing good; bowels a good deal confined.

Prescription: Ferr. picr. 3x three drops to water 3 oz., a drachm t. d.

The interest in this case centers in the fact that not only did the throat and ear symptoms gradually disappear under the ferr. picr., but that the bowels became quite regular, and, as the patient expressed it, the remedy acted as no medicine ever had in steadying the action of the bowels. He went on with it alone during December, January, and February.

The influence of ferrum picricum in restoring tone to the bowels and bladder, in cases especially where there is prostatic enlargement, is so satisfactory as to lead me to suppose it reduces the size of the prostate itself.

The symptoms of enlarged prostate were not pronounced in this case, but we may fairly infer its presence from the patient's age; while I can testify to its beneficial influence in other undoubted cases of prostatic enlargement.—(*Ibid*). London, Eng.

REMARKS ON A CASE OF ADDISON'S DISEASE.*

By W. A. McLachlan, M.D.

THE case which I bring before you to-day is one of those forms of disease which crop up not by any means frequently in the course of ordinary general practice. As most are aware, there had been seen from time to time, prior to the discovery of the celebrated physician of Guy's Hospital, several peculiar puzzling cases of disease, in which the leading symptoms were progressive anæmia and asthenia, accompanied with more or less bronzing of the skin, and always ending fatally; but, just as in other walks of science, it frequently falls to the genius of one man to gather a host of correlative though scattered and chaotic facts, so, under the genius and master-touch of Dr. Addison, these symptoms were rendered more tangible throught their till then undiscovered connection with peculiar though characteristic and well-defined lesions of the suprarenal capsules.

The case to which I wish to draw attention is that of a man named J. C., who is thirty-seven years of age, and who for the greater part of his life has followed the occupation of a riveter, and also occasionally of an iron calker, with little interludes, for a few months now and again, of a timekeeper. He is above the average height, and is possessed of more than the ordinary intelligence of his class. He has a well-formed

* Read in the Section of Medicine at the Meeting of the British Medical Association.

osseous system, which was up till recently covered with well-developed muscles, and has all his life been fairly temperate, enjoying, with the exception of a few of the minor illnesses incidental to childhood, excellent health. He, however, is not of a long-lived race, his father dying at the age of thirty-six from fever, and his mother succumbing to cancer of the stomach at thirty-eight. He has one brother and sister alive, both of whom are of dark complexion and robust, and enjoy excellent health, and so do the children whom they have begotten. A sister died in infancy, but he can not remember the cause of her death; and another brother who died in manhood from acute unrelieved intestinal obstruction.

He has been twice married. His first wife died about eight years ago from "subacute phthisis pulmonalis." By this marriage he had one child, who is still alive and healthy. His present wife, whom he married four years ago, is hale and well, and has borne him a child, now two and a half years old and strong and robust.

There is no period during the clinical history of this man's present illness to which one can refer and say definitely that at that time the symptoms which are now so markedly pronounced first manifested themselves. But there is a very clearly defined time, namely, June, 1886, when this man became alive to the fact that he could no longer continue at his work, and that not from any annoyance or irritation caused by the discoloration of his skin, but rather from gradually increasing exhaustion. Prior to 1880, however, the pigmentation of the back of his hands and forearms had not failed to attract his notice, and moreover at this time, as his occupation necessitated his working with his sleeves rolled up, the piebald appearance of his arms afforded jokes to his fellow-workmen. As the state of his arms, save from their unseemly color, caused no inconvenience, they were passed over lightly, and palmed off as being due to exposure to the rays of the summer sun. But careful inquiry bears on this, that between the years 1880–86 there appeared, very occasionally at first, becoming more frequent ultimately, little gastric disorders, which were thought to be due to errors in diet, as during the greater part of this period he was a widower, and was not too well attended to. During 1884 he was not quite well, and he left his trade, and became for a few months a timekeeper in a shipyard. This occupation took him a good deal in the open air, and the work was lighter, and presently improvement set in, which continued for some time. In the summer of 1885, though not quite well, and although the bronzing on his arms and face had become more pronounced, he took an active part as a volunteer in the camp, and his pigmented face and hands are shown in a photograph of himself and comrades, taken at this time. He returned again to his trade, but, though a good workman, found he could not keep up his share with his fellows. In June,

1886, he was seized with dysentery, for which he was treated, but from that time the disease from which he now suffers became most distinctly pronounced. During the autumn of 1886, and the ensuing winter, he complained much of dull pain in his lumbar region, especially in his left side, which pain was increased by pressure ; he had frequent attacks of sickness, attended with pain in his epigastrium accompanied with vomiting and followed by considerable exhaustion, the resulting exhaustion being out of all proportion to the physical efforts which apparently produced it. During these attacks the pigmentation of the skin always became much deeper.

During the spring of 1887, there was added to the former symptoms long-continued catarrh accompanied with moist râles at the apices of both lungs, attended with fever, night-sweats, and marked loss of flesh. When able to be removed, he was sent to his native air at the seaside, where he resided for part of the summer months, and, so far as his chest symptoms and general health were concerned, visibly improved. Early in the month of July he had another little illness, but toward the end of the month he had so far rallied as to sail Aug. 2, for New Zealand. He increased in strength, and improved in weight by fourteen pounds. He remained for two months, but found the climate too relaxing, and proceeded to Auckland, remaining four months, with decided benefit. Under professional advice he proceeded to the thermal springs of Teaehoa, where he drank the waters twice a day for three weeks, but he did not think he was in any way benefited. He returned here on May 15, 1888, and during his return journey lost the fourteen pounds gained in his outward trip. A few days subsequent to this I saw him.

Patient was apparently fairly well nourished, at least not by any means emaciated. Respiration feeble and jerky at both apices, but especially at the left apex. Movements of the chest not visibly impaired, percussion clear. Heart impulse feeble ; hæmic murmurs present ; pulse 100, weak, regular. Urine fairly abundant, light, sherry-colored, specific gravity 1016, non-albuminous, non-saccharine. Stomach : appetite various, fitful in eating, occasional loathing food, bowels irregular. Temperature 98° F., liver and spleen normal. Intellect acute, clear. Conjunctiva dusky, but by no means below ; irides slightly bronzed. Senses : vision, hearing and smelling normal ; tactile sensibility diminished in hands and feet ; numbness complained of in upper and lower extremities, and in the trunk below the navel. Skin soft, supple, moving freely over the subjacent tissues, distinctly bronzed over the whole body, but the pigmentation is deeper on the face and neck, gluteal regions, genitals and extensor surfaces of the hands and arms, and in these latter there are many spots of leucoderma. There is distinct bronzing of the mucous membrane of mouth and lips, and dorsum of

tongue. The pigmentation is evidently in the deeper layer of the epithelium ; the hair of the head is dry and crisp.

Twice recently he had had a fit of epistaxis ; the blood was pale in color and did not clot well. Microscopic examination showed that there was a deficiency of red blood corpuscles, that they did not form readily into *rouleaux*, that the coloring matter was deficient, and that fibrin was almost absent.

Modern pathology points to this disease as being primarily due to tubercular disease of the suprarenal capsules. His first wife died of pulmonary phthisis, and shortly before her death she noticed the dusky appearance of his skin. Now, the question may be asked, did she convey to him the bacillus of this disease ?

Treatment has been principally hygienic, accompanied with measures to combat the more urgent symptoms—nervine tonics, comprising under that phosphate of iron, etc., and arsenic, which latter has apparently often done him good. Foiled as one appears to be in the successful treatment of this complaint, one is tempted to look to the surgeon, and ask, Would early extirpation of the adrenals not be the proper treatment ?

SCARLATINAL CROUP.

By Thos. Nichol, M.D., LL.D.

SCARLATINAL croup is a phase of disease to which exceedingly little reference is made in the medical writings of any school, and yet, though it is fortunately infrequent, it requires skill and promptitude more than any other complication of scarlatina. Objection may be made to any separate chapter on this subject, as the malady forms one phase of a general disease, and hence should be described with that disease. However, on account of the dangerous nature of the complaint, and also in view of the fact that no essay on the subject is contained in the literature of our school, I have thought it best to present the following.

Scarlatinal croup, then, is a secondary inflammation of the larynx, occurring almost exclusively in the most malignant forms of scarlatina when the whole mass of fluids has been vitiated. It may originate by extension of the inflammatory irritation from the pharynx, though it sometimes appears when the pharynx is but little affected.

Scarlatinal croup is not a common phase of disease, for in the words of Professor Trousseau, " scarlatina has no liking for the larynx." It map appear in patients of any age, but it seems to me to be most frequent between the ages of four and eight. I have never noted it in

infants, and all my patients, except two, were under ten years of age. Both sexes seem to be alike liable to the disease.

In many instances, scarlatinal croup originates by extension of the well-known sore throat of scarlatina, but in most of the cases I have observed, exposure to cold was the exciting cause. The illustrious Sydenham—doubtless encouraged by the success of his cool regimen in small-pox—thought that scarlatina patients ought to get up every day, even when the eruption was at its height. But scarlatina patients are much more susceptible to cold than small-pox patients; in fact, above all the eruptive fevers scarlatina needs to be guarded against cold. All my fatal cases originated in exposure to cold. One wilful nurse stripped a little patient to the skin at the height of scarlatina, and carried it about in a fireless kitchen for the purpose of "cooling the fever." Scarlatinal croup came on, and the case was hopeless when next seen. Another woman kept her little one, sick of scarlatina, in a well-warmed room during the day, but every night removed it to her own fireless room situated at the extremity of a long, rambling farm-house, and this, too, during the month of February, 1868—the coldest part of the most severe winter I ever saw in Canada. Here, too, the larynx was attacked with fatal result. In January, 1870, among other scarlatina patients I had one who made a fair recovery, though the type of disease was malignant. After I dismissed the case, the mother kept the cradle exposed to the cold air blowing in through an imperfectly-closed window, and fatal scarlatinal croup was the result.

Croup may come on during the early stages of scarlatina, or it may be one of sequelæ. It usually comes on insidiously, and, amidst the anxiety of a serious disease, it may be unnoticed for a time. There is at first a very slight hoarseness, with muffled cough and a mingled gurgling and thrilling sound in the larynx; after the cough the gurgling disappears for a time. The symptoms are frequently preceded by a slight chill, followed by a heat of skin and accelerated pulse, but this may easily pass without remark. At first there is no dyspnœa, but soon marked difficulty of breathing comes on, and the dyspnœa indicates the degree of danger present, which is usually in precise proportion to this symptom. The patient involuntarily rises in bed and stretches out the head, while the eyes have an anxious and haggard expression. The cheeks are flushed and the eyes suffused. At this stage the tissues of the neck become swollen and infiltrated, and this, of course, increases the dyspnœa and hoarseness. There are no intermissions in this variety of croup; there is, however, a very slight remission in the morning, and usually a very severe exacerbation during the hours immediately before and after midnight. There is, in a majority of cases, a steady, onward march of the disease, the dyspnœa increases, the respiration becomes more stertorous, the cough, after becoming harsher, is finally suppressed

the strength fails, wild terrors and the ever-present feeling of suffocation prevent sleep, aad finally the patient dies, comatose or convulsed. But, on the other hand, under the influence of a well-chosen remedy, the dyspnœa may decrease, the cough may become less frequent and less hoarse, quantities of membrane may be vomited or swallowed, and the sleep of the patient then announces that the pressing danger has passed away. In another group of cases croup comes on suddenly and almost without warning. At one visit you leave your scarlatina patient doing well, and, when you next see him, the case is hopeless or almost hopeless.

The progress of this disease is very rapid, even more so than pseudo-membranous croup. Most of the fatal cases I have seen lived only from two to three days.

The false membrane of scarlatinal croup is thinner, softer, and less adherent than the membrane of pseudo-membranous croup; at the same time, it is less uniformly spread over the affected part. It is grayish or of a yellow color, and is frequently associated with small quantities of pus, or it may be granular in texture and friable in consistence. But little fibrin enters into its composition, and it rapidly decomposes. The subjacent mucous membrane is softened and of a dark purplish hue, while the sub-mucous areolar tissue is infiltrated; in fact, all the pathological appearances point to the localization of a degenerated blood disease. Professor Wood remarks that the membrane seldom extends, unless in small quantities, below the larynx.

In the great majority of cases the diagnosis is plain, for the history of the case must be investigated as well as the present state of the patient. The only cases in which there is reasonable ground for doubt are those which Trousseau denominates *defaced* scarlatina (scarlatine fraste), in which some of the most important symptoms of the malady are suppressed or non-existent. When, for example, there is no appearance of the characteristic eruption, but instead you have severe sore throat, with deposition of false membrane, it would be difficult to decide whether the disease was scarlatina or diphtheria, for a fetid smell exhales from the mouth and nostrils, the pulse is small and fluttering, the skin is pale, and the temperature of the body is notably low. In such cases one of the best diagnostics would be the period at which albuminuria appeared, for, as is well known, in diphtheria it appears early in the disease, while in scarlatina it does not make its appearance till the case is far advanced. But in about one-fifth of the whole number of diphtheritic cases there is no albuminuria, and then the physician must look for other diagnostic points. There are two sources of fallacy in scarlatinal croup, to which I would direct special attention. The first of these will be found in the phenomena presented by a certain number of cases of scarlatina in which a quantity of matter

in the posterior nares and upper part of the pharynx forms a mucous rhoncus which closely simulates croup. But here auscultation clears up the difficulty at once by showing that the larynx is not involved. In another set of cases the tumefaction of the neck is so great that it causes stertorous respiration, which bears a certain resemblance to croup. Here, too, auscultation is of some value, but a better diagnostic is the absence of the hoarse cough.

I look upon scarlatinal croup as being one of the most fatal of all the varieties of croup. It is more dangerous when it comes on at an advanced period of the course of scarlatina—say the tenth or twelfth day—than when it attacks at an early period. It is very dangerous when it arises by extension from the pharynx, but it is still more dangerous when it appears as an intercurrent inflammation, the result of exposure to cold. Tumefaction of the neck, if of great extent, is an unfavorable sign, and when coma or delirium appear there is little room for hope. Much, very much, depends upon prompt recognition of the disease and upon equally prompt therapeutics.

But one of the weak points about our knowledge of scarlatinal croup is that we have no well-defined treatment such as we possess in so many affections, and I regret that I can give but a few fragmentary hints derived entirely from personal experience. Here I can not refrain from again pointing out the necessity of opposing the very beginnings of disease. "*Obsta principiis.*"

When recognized at an early period, aconite is indicated in a majority of cases, but it should be given in the form tincture, as dilutions are merely a waste of invaluable time. I have great confidence in sanguinaria, and the confidence is derived from the fact that since I have used this remedy I have been much more successful than formerly.

A homely proverb says that "an ounce of prevention is worth a pound of cure," and I am strongly of the opinion that inunctions of olive oil are preventive of scarlatinal croup as well as of many of the complications and sequelæ of scarlatina. I use them in every case of scarlatina as follows: I direct one arm of the patient to be bathed lightly with tepid water, and then quickly dried, and, when thoroughly dry a small quantity of pure olive oil is rubbed over the limb. Then the other arm is treated in the same manner, and so on, till the entire person has been bathed and anointed. As a result the temperature is lowered, the irritation of the skin is allayed, and the liability to take cold is almost wholly removed.

APHORISMS.

1. Scarlatinal croup, fortunately not a common disease, appears in children of any age, and both sexes seem to be alike liable to it.

2. The disease may originate by extension from the pharynx, but it is most commonly caused by exposure to cold.

3. Scarlatinal croup is one of the most rapidly fatal of all the forms of croup, and it is more dangerous when it appears late in the course of scarlatina than when it comes on at an early period.

4. The leading remedies are aconite, sanguinaria and kali bichromicum, and inunction with olive oil is the best prophylactic.

MONTREAL, CAN.

SOME THOUGHTS ON THE FIRST VOLUME OF THE "CHRONIC DISEASES."

By S. LILIENTHAL, M.D.

No. I.

IT is a curious fact that so many excellent homœopathic physicians give us commentaries on Hahnemann's Organon, but, so far as my reading goes, very few take the trouble to explain to the students the intricacies of this volume. Colleges have been and still are denunciated for neglecting the study of the Organon, but never a word was uttered for the neglect of this equally important work, and it is said that not more than one in fifty homœopathic physicians owns and reads the "Chronic Diseases" of the master. It seems to be that the most stanch admirers of the good old man know that some of his ideas about psora are untenable, and therefore misleading, which is far from the truth when we read between the lines. Hahnemann was only a mortal, and to err is human; and the itch, which he considered the *fons et origo malis*, may arise from many other sources than from the parasite which is now acknowledged as the source of scabies. Nowhere in the history of medicine can we find any reason for the statement that scabies is only a mitigated leprosy, and while the former, by sanitation, hygiene, and appropriate nourishment, is on the decline, we see leprosy still flourishing in its old homesteads, and still as incurable as it was centuries ago. Let us candidly acknowledge that on this point Hahnemann was mistaken, for this will give us only more power to uphold the truth, which is in his psora and his antipsoric treatment. The acarus is neither a miasma nor a poison, and during the whole volume he speaks of this poisonous influence, and hurls anathemas against one and all who foolishly try to suppress by external means this effort of the vital power to eliminate the poison; as (page 26) "during the centuries when the psoric eruption was first known in the form of leprosy, the patients, though they suffered much in consequence of lancinating pains in the tumors and scabs, enjoyed nevertheless a fair share of general health, for the *obstinately lasting eruption upon the*

skin served as a substitute for the internal psora." The dermatologists of the present day share this opinion, and the school of Hebra, which considered nearly all cutaneous eruptions mere local diseases, is steadily on the decline; they acknowledge all these chronic ailments to originate in constitutional defects.

Again (page 49), he says: "These few cases are sufficient to convince the observer that *the itch, with its varieties, tinea capitis, crusta lactea, herpes, etc.*, are the external vicarious symptoms of an internal disease affecting the whole organism, and that psora is the most pernicious of all chronic miasms (poisons)." Hahnemann had perhaps an inkling in his prophetic mind of the bacterial hypotheses which are now the rage of experimentation, and certainly the combination, the varieties of itch which he mentions, hint far more to scrofulosis and tuberculosis than to the acarus scabies. The best proof of this is found on page 64, where he gives the symptoms of latent psora, and they are just the same as we read in any text-book when treating on these faulty diatheses, which only differ in themselves according to the age, temperament, and occupation of the patient (p. 72). "A robust constitution and favorable circumstances" may keep the diathesis latent, but it will show itself when the organism has been weakened and disturbed by mental emotions, or bodily acute ailments or traumata, or the vital powers may have been weakened by leading a sedentary life, or the soul may have been depressed by the death of beloved relatives, by daily chagrin and grief, etc., and the latent diathesis (psora) becomes roused and developes itself at the point of least resistance. Taking psora in that sense, and this is just what Hahnemann means, it can be accepted by any unprejudiced observer, and we can put the acarus down as a pardonable error. Theories may be born and die, but the truth will remained untarnished for ever.

San Francisco, Cal.

BOOK REVIEWS.

Transactions of the American Institute of Homœopathy, 41st Session, held at Niagara Falls, 1888. Published under the direction of Drs. A. C. Cowperthwaite, N. Schneider, Pemberton Dudley, T. M. Strong, and E. M. Kellogg, Committee.

"The work of the American Institute received such universal attention, and so many of the papers were published in our journals, that little is left to the reviewer of the volume of Transactions but to comment on the manner in which the practical work of editing has been done. We must congratulate Dr. Dudley on the exceedingly neat, serviceable volume he has presented to us, the proof-reading of which has been careful, and the printing done by a good ho :se. It is very fitting that the gems of the Institute be properly set."

We stole the above from a contemporary, and as it so nearly corresponds to our views, we use it without change. *En passant*, however, we would like to add, and personally, that we are a Doctor of Medicine, at least so our diploma sets forth, and we felt hurt to find that this journal is edited by a layman—according to these Transactions. However, life is too short for an editor to "kick" unseemingly because of a typographical blunder.

Exploration of the Chest in Health and Disease. By Stephen Smith Burt, M.D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post-Graduate School and Hospital; Physician to the Out-Door Department (Diseases of the Heart and Lungs), Bellevue Hospital. New York: D. Appleton & Co., 1889.

The principal value of this work seems to be, not that it treats of a new subject, but because it is placed within such a compass, and in such graphic language that it becomes a "buggy-case" book for the old and experienced practitioner, as well as a text-book for the younger physician and the student. The tendency of the day is to shorten up the old and laborious processes, and without marring the subject Dr Burt has presented a work that will command itself at one glance. It has been our peculiar fortune, since receiving this little work, to have had several cases of phthisis pulmonalis; and Dr. Burt has been a friend in very deed during this period. We copy from another journal which we heartily second: "Under the various headings is ably discussed every condition pertaining to the chest in health and disease. Dr. Burt emphasizes the importance of knowing the physiological anatomy of the heart and lungs, the relative position of the viscera to the parietes, and the physical signs that can be developed in the normal chest as the only true basis of a correct understanding of the changes caused by disease. The book is also well illustrated."

AMERICAN INSTITUTE OF HOMŒOPATHY.

ANNOUNCEMENT OF THE SESSION OF 1889.

Editor American Homœopathist:

The American Institute of Homœopathy will convene in its Forty-second Annual Session, at Hotel Lafayette, Lake Minnetonka, Minn., on Monday evening, June 24, the session continuing until the following Friday night. The place of meeting is one of the largest summer hotels in the country, capable of accommodating upwards of six hundred guests without inconveniencing or crowding, and furnishing adequate provision for the General and Sectional Meetings and the various committees of the Institute. The entire hotel and its force of *attachés* will be practically at the disposal of the Institute during the week. The situation and arrangement of the hotel are such as to afford a lake view from each and all its rooms. The apartments are spacious and airy, with high ceilings, and all the appointments are such as pertain to a first-class hotel. Terms, three dollars per day.

Medical organizations are invited and requested to send delegates to the meeting. It is not necessary that delegates be members of the Institute.

Physicians desiring to become members are required to present to the Board of Censors a certificate signed by three members of the Institute, setting forth that the applicant has pursued a regular course of medical studies and sustains a good moral character and professional standing. The application should be accompanied with the initiation fee of $2 and the first year's annual dues, $5. Blank applications for membership may be obtained from the secretary, or from the chairman of the Board of Censors, R. B. Rush, M.D., of Salem, Ohio.

Physicians having knowledge of the life, services, etc., of any member of the Institute who has died since June 1, 1888, will confer a favor by communicating the facts to Dr. Henry D. Paine, the Necrologist, No. 19 West Twenty-fourth Street, Yew York City.

Papers designed by their authors for publication in the journals, after presentation to the Institute, should be prepared in *duplicate*, and one copy placed *in the hands of the General Secretary before the close of the session*, as required by the By-laws.

The Committee on Railroad Fares will announce in due time the arrangements that have been entered into for a reduction of rates to physicians and their friends who may be in attendance at the session. The New York Central Railroad and its connections will afford special facilities to delegates and attendants.

The "Annual Circular," giving full details, together with the programme as prepared by the committee, will be issued in May. Any physician failing to receive a copy before June 1 can obtain one on application to the undersigned. PEMBERTON DUDLEY,

Fifteenth and Master Streets, Phila.

OUR EXCHANGES.

—VERIFICATIONS.—These verifications are results of the experience of various practitioners, and are collected during public discussions and personal interviews by the editor of the *Phys. and Surg. Inv.* We earnestly request our subscribers to send short therapeutic items that their brother physicians may profit by their experience.

Iris Vers.—Sick headache with vomiting of a sweetish, watery fluid.

Bell.—Rigid os, vagina dry and hot, face flushed, full pulse.

Aloes.—Pain and weakness of the ocular muscles.

Digit.—Constant urging to urinate, with burning and feeling of constriction and severe pain afterward causing cold perspiration.

Merc.—Otalgia, worse at night and relieved by heat, accompanied by enlarged cervical glands and carious teeth.

Puls.—Rheumatic pains shifting locality rapidly, but affecting particularly the knees.

Chelid.—Persistent leucorrhœa, general pelvic engorgement from obstruction of the portal circulation. Pain under right scapula.

Caulopb.—Rheumatism of the carpal joints. Flying, drawing pains and stiffness of the fingers.

Jalapa.—Diarhœa of children, with that peculiar mental depravity which compels them to cry all night, though quiet and happy during the day.

Clematis.—Epididymitis complicating hydrocele, after withdrawal of the fluid.

Equisetum.—Irritable bladder, strangury, constant urging not relieved by micturition.

Anacardium.—Mania with excessive profanity. Complete loss of memory.

—Chloroform in Opisthotonus.—In the last thirty years, in military and civil practice and among the convicts I have had several emergency cases attended with opisthotonus and have invariably used chloroform. In none were the results bad. They gave me no concern and I thought nothing about them then. But since treating this case it occurs to me I might have aborted some cases of meningitis. Is there any form of headache that chloroform will not relieve—any kind of convulsion it will not mitigate? In meningitis are the membranes hyperæmic? What better remedy than chloroform? Ergot is as nothing compared with its depleting effects on the brain.—*Atlanta Med. and Surg. Jour.*

—Aspiration of the Pleural Cavity.—(T. K. Perry, M.D.) It would seem that the following conclusions might be considered a fair summary:

First. That affections of the pleural membranes are comparatively frequent, a fair proportion showing effusion as one of the results.

Second. The recognition of these membranes is not so easy as might be supposed, and particularly as regards the presence of fluid, as is instanced probably in the experience of most of us; and it should teach us to be rigidly exact in our examinations and particularly careful in our conclusions when dealing with troubles pointing in this direction.

Third. When it is evident that fluid is present in any appreciable quantity, evacuation of same should be immediate as impossible, that valuable time might not be lost in the use of counter-irritants, diuretics, and alternatives.

Fourth. When the character of the fluid has changed after one or more aspirations, or is purulent from the first, there can, of course, be but one recourse—thorough and complete drainage.—*Albany Medical Annals.*

GLOBULES.

—Terebinth.—Cystitis with tenesmus, bloody urine, and some pus. Abdomen distended, pain in small of the back.—*Ex.*

—After-pains.—Do not give gelsemium for after-pains when there is a hemorrhagic tendency. It relieves pains in relaxing the muscular contraction, and in this way its use may induce post-partum hemorrhage.

—The writings of the late Dr. J. Milner Fothergill contain many passages which are true aphorisms. No truth could be more tersely and forcibly said than that in the passage from his "Manual of Dietetics": "A suspicion that there is a difference between merely getting food down into the stomach and its digestion, is abroad; and that a tablespoonful of milk and Mellin's Food, which is digested, is really better for the patient than a beef-steak, which simply passes through the alimentary canal. To supply to the much-tired organism that which it really requires is to give the most efficient help to it."

—A case of pleuro-pneumonia, in which phos. 30 and bry. 30 were given in succession without benefit, subsequently ars. 30 did great good. The indication for this remedy was aggravation from cold application to the head.

—Cannabis Ind.—Dr. Wells, in the *Med. Advance*, says this drug is more efficient than nux vom. in relieving the bad effects of alcoholic excesses.—*P. & S. Investigator.*

Does Father Wells know that this is passing current as coin uttered from his mint?

—Two Properties of Salicylic Acid.—Salicylic acid has two well-marked properties. The first is the peculiarity of acting on the horny layers of the epidermis. There is no agent so active in softening, and at last destroying, the epidermal formations as salicylic acid. Its other action is as a parasiticide. These two properties open a large field for research.—*Ex.*

—The address of President Helmuth entitled "Sectarianism" has been issued in pamphlet form. It seems almost like a work of supererogation to say that anything uttered by Dr. Helmuth's pen is good; for it always is good—nay, excellent.

We deem this a first-class campaign document, and heartily recommend its purchase, and profuse and liberal distribution. Address the Journal Publishing Co. (Limited), New York, for copies.

—We have given Lactopeptine a full and fair trial, both in private practice and in the hospital department under our medical care. *As a digestive*, it comes nearer the gastric juice than anything we have ever used. This preparation has continued to hold the high position accorded it by the best men in our profession, and is one of the indispensables in the materia medica of the active practitioner.—*Southern Clinci, Richmond, Va.*

—Dangerous Kissing.—Mr. Blenkarne writes: "The father of a vaccinated child (about the twelfth day) "kissed the place to make it well." He unfortunately had happened to cut his lip whilst shaving that same morning. Inoculation took place, only it differentiated into erysipelas of the face and head, with a very high degree of fever. Purgatives were first given, and then I prescribed that 'sheet-anchor' for erysipelas, tincture of the perchloride of iron, and the man made good recovery."

This is excerpted not so much for its heroic treatment, as it is to call attention to a new danger entailed upon promiscuous kissing.

—Their Belief.—The point at issue between *The Times* and many of its colleagues, is not one of principle but of name. We claim the term homœopathic is misleading, and does not fairly represent the catholicity of our school, while that of "New School" takes away every objection and gives us the widest latitude of thought and investigation. We do not advocate, and are not aware that any one else does, the disbanding of any college or society, but simply the changing a name from one which cripples energies, restricts usefulness, impedes progress, places us in a false position before the public, and which should never have been adopted, to one, "the New School," which confines us to no one dogma but which gives us full freedom for unlimited investigation and development.

—"The Concordance Repertory of the More Reliable Symptoms Materia Medica," by William D. Gentry, M.D., is now in press, and will be published as rapidly as the great work will admit, by A. L. Chatterton & Co., New York. It differs entirely from every Repertory heretofore published. Every reliable symptom of the Materia Medica can be found instantly. No search is required. The physician knows just where to find what he wants, and all he has to do is to turn right to it. He is in no way dependent upon memory.

Each symptom is written from one to six times: hence the herculean task in time and labor—it having taken nearly ten years to prepare the work for publication. It is arranged in sections, each independent of any other. Each section is devoted to an organ or an anatomical portion of the system.

It will be published in six royal octavo volumes, each containing the sections referring to the same portion or division of the system. Vol. I. will contain all the sections, six in number, pertaining to the head, and include the mind, head and scalp, eyes, ears, nose and face.

The book will be sold by subscription only, and for the following price to those ordering in advance of publication: $6 in cloth binding; $7 in leather; $7.50 in half-russia, and $8.50 in half-morocco.

OH-DON'T-OLOGY.

Don't wait until the last hour to prepare your paper for the State Society. Do it *now*.

Don't put any belief in the hoary tale that in Lent or at any other time a hard-boiled egg represents a pound of beefsteak.

Don't you feel better after reading that remarkable address on sectarianism? It is worthy of many perusals and a broadcast distribution.

Don't suppose that all the uses of amyl nitrite have been discovered. Dr. Cushing now recommends is as an anæsthetic during obstetric operations.

Don't let the American Institute of Homœopathy close its next annual session without providing for an avowal of belief in Homœopathy by its future applicants.

Don't wait to be asked by the journals for contributions. It is your duty to let your light shine so that others, seeing your good works, may become the better practitioners.

Don't practice homœopathic medicine without being an affiliate of your State Society. The State body gives you a standing in your community and helps you in many other ways.

Don't bear down too hard, gentlemen of the American Institute of Homœopathy, on the *New York Medical Times*. Consistency is a jewel. Remember the beam and the mote parallel.

Don't forget that you were poor (in knowledge) once yourself; and that the contributions to the journals and text-books by your elders made you what you are. Therefore, help the journals.

Don't let a clergyman or any one else except a member of the college faculty deliver the Faculty address. It is an absurdity—if not a shame—for one learned profession to delegate such duty to another.

Don't allow water to touch any form of eczema, because it always irritates in such a case.*

Don't let professional courtesy reach a par with senatorial courtesy ; don't shield a dishonest practitioner.

Don't let present success dull your ambitions for greater excellencies still. Medicine is a progressive science.

Don't say anything against allopathy, if you have nothing new. A weak assault strengthens your opponent.

Don't give castor-oil even when rendered tasteless by the addition of glycerine. Where is your homœopathic remedy ?

Don't laugh at or deride a young practitioner. You probably won your spurs in the same arena and ought to know better.

Don't be mercenary. Medicine is not a money-making profession ; if money is your sole bent, engage in commercial pursuits ; but

Don't close your ears to that old injunction : "The poor you have with you always." Their hurts are as painful as those of the rich.

Don't excuse yourself from contributing papers to the State Society because you are too busy. It is your Business to contribute ; it has the first claim on you.

Don't use tar in an acute eczema, because it is a stimulant, and what we want at this time is to soothe the inflamed skin. It is appropriate to a subacute or chronic case.*

Don't make the diagnosis of lichen planus from the presence of flat angular papules with depressed centers alone, because identical lesions will at times be met with in eczema, syphilis, and psoriasis.*

Don't charge $10 a page for your articles to medical journals. When you get so hard up for money as that would indicate, quit the profession of medicine, which you disgrace, and go at something else.

Don't give arsenic for every skin disease, and especially,

Don't give it in acute eruptions. Its sphere is in the chronic scaly eruptions, such as chronic psoriasis.*

Don't depend upon getting the bleeding points springing out of the delicate pellicle after carefully scraping off the scales for your diagnosis of psoriasis, because you can produce the same thing in other diseases.*

Don't advertise in the daily papers ; that would be impeachable. But when you pick up an epileptic or a common drunk, be sure to have your name spelled correctly half-a-dozen times over in every morning paper. That isn't advertising.

Don't throw out the diagnosis of syphilis on account of an eruption itching, because some syphilides, especially the papular variety, do itch at times. The not itching of an eruption is better presumptive evidence of syphilis than is itching positive evidence against it.*

Don't forget that most cases of pruritus are due to internal causes, and that in them external treatment is wasted ; and

Don't expect to cure an inveterate eczema with thickened skin by means of a soothing ointment, such as that of the oxide zinc, because you will only waste your time, and the patient's money.*

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* From *N. Y. Med. Record.*

THE

AMERICAN HOMŒOPATHIST.

VOL. XV. NEW YORK, JUNE 1, 1889. No. 6.

FRANK KRAFT, M.D., EDITOR.

In despite of frequent asseverations that we would take no sides and our most strenuous efforts to avoid such catastrophe, we seem now in a fair way to be drawn into the *N. Y. Medical Times* and *North American Journal* maelstrom, with the usual prospect before the non-combatant who essays to have peace prevail. Our statements concerning this imbroglio have been so persistently misconstrued that we have been times out of number tempted to "get off the fence" and "take a hand." The *North American Journal*,—than which we have but few better journals in the school,—seems unable to forgive the reinstatement to the Institute list of the *N. Y. Medical Times*, which had been stricken off the previous year by a vote of the Institute, on the motion of a popular teacher and writer, while appealing to the temporary enthusiasm incited by his passionate words. It would seem that so logical a board of editors as that composing the *North American Journal*, one so invariably on the side of exact justice, could not fail to see the illegality of a measure passed, as this was, by a body which by tacit understanding, if not by actual agreement, in the aforetime had delegated this power to the Senate of Seniors (*vide* Art. VIII. of By-Laws). You cannot eat your cake and have it.

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No one, we take it, understands better than the eminent practitioner who caused the "striking off," and the journal which has become his champion, the unsafety of appealing to a general audience for confirmation or condemnation of any measure in which that audience is directly interested. A magnetic speaker has the power of moving his auditors frequently to their own undoing. We beg to say here that we have still no concern with the charges made against the *New York Medical Times*, whether they be true or false; we essay to say simply that even the devil shall have his due, and that the INSTITUTE, having properly put the adjudication of such controversies out of its hands, cannot, on the spur of a moment, under the lash of an incisive tongue, aided and abetted by a brother editor then on the stage, play fast and loose with its own reputation for fairness and impartiality. A clever counsel can and does, and by no means rarely, blind a jury to the matters at issue, and causes the rendering of an unjust verdict; but the calmer Courts of Appeal reverse such decision and the clever jury attorney gets another opportunity to make a fee.

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The friends of fair play in the year that ensued, instead of engaging in an *ex-post facto* warfare such as is now indulged in by some of the

journals, quietly went to work in the interest of the true policy of the INSTITUTE, drafted its resolutions, brought them before the proper tribunal, at a proper time, and they were passed. The action of Dr. Runnels in reinstating the *New York Medical Times*, in the same fashion in which it had been removed, is, of course, open to the same objection as already urged against its taking off. But with that we have nothing to do; for anything to be said concerning that would be equal to adding the same quantity to both sides of an equation. The resolutions which seem so obnoxious to the *Journal* are not, we hope, beyond reconsideration at a succeeding meeting. If the INSTITUTE did wrong in permitting these resolutions to become fixed upon its law-book, is it irrevocable? Is there no way of remedying an error? Must the whole profession be stirred to its depths because the New York Homœopathic Medical College has a grievance? If the *New York Medical Times* is guilty as charged, the standing resolutions do not surely bar its expulsion as a malefactor. But in the interests of decency and fair-play give even an avowed criminal an opportunity to be heard. Fair play is a jewel which so powerful abody as the AMERICAN INSTITUTE OF HOMŒOPATHY cannot afford to ignore.

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With a recklessness unlike its sober self, the *North American Journal* has been using intemperate language, assailing everything and everybody, presuming to lean to the side, as it infers, of the *N. Y. Medical Times*, descending even to inpunging our "birthright" of being an official stenographer employed and paid by the INSTITUTE. This specious statement that we were only a "*sub*-stenographer employed at the discretion of *the* official stenographer" [italicised *a's* and *the's* are plentiful in the article referred to] is not borne out by the published Transactions of the INSTITUTE; neither does civil ordinary common sense uphold it. In order to make clear this proposition we will lay aside for a moment the main topic of this editorial and give attention to the stenographer. Art. III., Sec. 4, of the By-Laws, defines the duties of the Provisional Secretary. This is modified by a Standing Resolution of June 21, 1883, "that it shall be the especial duty of the Provisional Secretary to make stenographic reports of all debates, keep the records of general business," etc. This statement we make "after authoritative verification, and it can be duly authenticated." If there is anywhere any By-Law or any resolution which designates the Provisional Secretary as an Official stenographer, other than named in the Resolution quoted, let us have it. Now, then, the Provisional Secretary, under the rule of the INSTITUTE creating sectional sessions, finds it physically impossible to attend more than one session at the same moment. He is permitted or authorized by the INSTITUTE to employ his assistants, in other words his agents, (for they obviously act for him directly, and for the INSTITUTE indirectly); if this be granted,—and how can it be negatived?—and the legal axiom be also true that a principal is necessarily cognizant and responsible for the acts of his agent, then either Drs. Bartlett and Kraft were official stenographers of the INSTITUTE, only empowered to report debates and keep records of the general business, as we contend, or the record of the bureaux and general business as was published in the Transactions is illegal and void. Logically we assert, deducing our conclusions from the premisses given,

that Dr. Strong was present at nine o'clock sharp of the eventful morning; that he carefully removed his silk hat, mopped his glistening forehead, opened his book and pencil case, metaphorically spat upon his hands, and "took down" what Dr. Runnels said. Of course this latter is a *reductio ad absurdam*, but it is "no more droll or more childishly naïf" [thank you, Bro. *N. E. Med. Gazette*, for that word] than this puerile attempt to belittle the labors of one of the "Officers of the INSTITUTE" (*vide* p. 9, line 20 from top, Transactions for 1888) and other efforts to attaint the acts of the INSTITUTE. Dr. Strong is the Provisional Secretary; his duties are definite, and for these he is paid. Drs. Bartlett and Kraft are official stenographers and officers of the INSTITUTE, and for this also are they paid. The recording of Dr. Runnels's resolution was absolutely legal, and if not originally so, then its adoption and incorporation—the work of the Provisional Secretary—perfects its title.

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To return. We venture the assertion that of all the thoughtful and impartial readers of homœopathic journals, nine-tenths thereof fail to see where injustice was done to any one by reinstating a journal which had been palpably illegally stricken off. The real gravamen rests not on the shoulders of either of the secretaries or the "subs" but upon the dilatory members, who, unmindful of the printed program, and the clearly stated instructions of the evening before, chose to absent themselves at what now is sought to be construed as a critical moment. No one, not even those with axes to grind, will rationally contend for a single moment that it was Dr. Dake's duty to go out into the highways and byways, or to send a sergeant-at-arms with imperial mace through the streets and hotel corridors and bring in the procrastinating members. The secretaries knew, if anybody did, the hour of convocation. The meeting was absolutely *pro forma*. No trick was resorted to. It was done in the only hour in which general business could be done. It was not the creation of the moment, sprung in the height of finished oratory; it had been weighed in the Senate of Seniors, received its approval hours before, and was presented, seconded, and passed. And remembering that there were practically two days succeeding these resolutions in which reparation could be made if any were needed, it smacks decidedly of what the French felicitously term "stair-case" wit to NOW find such grievous fault. Lest we be again misunderstood we here and now again assert that we have no sympathy whatsoever with the course of the *New York Medical Times*; its editorials and general teachings have been as obnoxious to our homœopathic sense as they have been to the *North American Journal*; and unless a marked difference is noticeable in its teachings we shall not hesitate to counsel its dropping; but, gentlemen of the press, let it be done honorably, without passion, without personal feeling, through the proper channel, and before the legal tribunal.

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Since the writing and publishing of the editorial comment in one of our recent issues touching the Senate of Seniors of the INSTITUTE, we have received a flood of light from various sources, clearly convincing us that our strictures, however well meant, were malapropos; and we therefore hasten to correct the impression made by our former article.

An eminent homœopathic practitioner, a friend of this journal and its editor, says of the Senate: "Its meetings are not secret—its functions are definite, and its doings published from year to year. While it is chiefly social, it has been made, by the rules of the INSTITUTE, the Court of Reference or Appeal in all cases of personal grievance or violation of professional etiquette. It was intended to save the body of the INSTITUTE from troublesome personalities." The metaphor of the Star Chamber was introduced because our information led us to believe it a close corporation—a non-representative body. The parallel of the House of Lords also seemed appropriate, because of the singular mode of recruiting the ranks of the Senate. The former supposition is distinctly negatived by the extract already quoted (from the letter of a Senior); and the latter is made plain by a careful review of the INSTITUTE history. This discloses the fact that Seniority was and is conferred on a two-fold basis: first, to honor and relieve those who, through evil as well as good report, had clung to the National Society so long, doing what they could to maintain the interests of Homœopathy against all opposition; second, as a recognition of honest allegiance and long attachment, if not, also, eminent service to the INSTITUTE, and to the cause for which it was organized; hence the INSTITUTE, considered the Seniors as in all respects worthy of confidence and trust and so enacted Art. VIII. of the By-Laws—that, "all complaints relating to a violation of the Code of Ethics of the INSTITUTE shall be referred to the Senate of Seniors for consideration and adjustment, and its decisions shall be final without farther action of the INSTITUTE."

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Our information, therefore, seems to have been wholly at fault touching the powers of the Seniors; since they are simply a Court of Reference—a Committee of Arbitration—to whom is submitted all ethical complaints, and differences arising between members of the INSTITUTE. A study of the vote which enacted this provision shows the confidence placed by the INSTITUTE in this higher branch of itself, believing, as they justly might and do, that a body more rigidly impartial, more sincerely careful of the good name of the INSTITUTE, and of the interests of the general cause, could not well be devised. The allegation formerly made that this body was non-representative of the INSTITUTE—the younger INSTITUTE—is true only in part, for as the mother governs and directs her younger children, so it might fairly be inferred that the twenty-five year old members and older, among whom all shades of opinions have in times had advocates, the "high" and the "low,"—men from the North and the South, the East and the West—the founders of Colleges and Journals—it might be fairly construed that this heterogeneous yet withal homogeneous body would not willingly or knowingly do aught savoring of injustice to any individual member of the INSTITUTE, or imperil our beloved cause. A thoughtful review, therefore, of the origin and purpose of the Senate of Seniors so far changes our views regarding its existence, that from formerly considering it inimical to our liberty-loving policy, we now the rather extol its organization and hope it may continue to the end of time.

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"The parallel column indictment of the American Institute of Homœopathy, which lately appeared in the pages of our esteemed contemporary, the *Homœopathist*, is very

curious and amusing reading. The indictment alluded to is naturally in the interests of the proposed amendment of the Institute's by-laws in the direction of greater stringency."—*N. E. Med. Gazette* for May, '89.

Beg pardon, gentlemen, it is nothing of the kind. The only interest we have is to see the AMERICAN INSTITUTE OF HOMŒOPATHY come up to the rack like a man, with backbone enough to say : This INSTITUTE is a HOMŒOPATHIC Institute, "pledged to the support of homœopathic tenets." And that it will be utterly abashed, and ashamed to plead the "baby act" by saying : We know we make no open Confession of Homœopathy, but, see, our "by-laws teem with loyal and affectionate references to homœopathy, and the OBJECT of the Association is stated to be, first 'the improvement of homœopathic therapeutics.'" Out upon this rubbish concerning honorable and educated physicians of other schools who will not join our forces unless we emasculate our belief ! The honorable and educated physician of any other school who has no County, State, or National Society where he may find and give allegiance, is an ill bird whose room is preferable to his society ; he is unworthy a place in our ranks, and his admission thereto under any pretext whatever is a grievous mistake. It is the INCONSISTENCY, gentlemen, which we put into the pillory. We are not fanatics, not sticklers for the infinitesimal dose, nor psychological prescribers ; but even if we were, that would cut no figure in the argument. Every honest homœopath, "high" or "low," tincture or potency, should feel the absurdity of the INSTITUTE issuing diplomas of Homœopathy to those who never for one instant contemplated the adoption of Homœopathy. Not for one moment do we cherish the hope that distinct avowal of homœopathic belief by an applicant will cause that applicant to adopt and practise its tenets ; but the inconsistency will then rest where it belongs, on the shoulders of the individual renegade ; and his malfeasance at any subsequent period will not be chargeable to the INSTITUTE, which had not admitted him (as it now does), without a declaration of principles.

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"The warfare against the proposed 'Single Board' system of examining candidates for licenses to practice medicine goes on in New York with amazing energy. The GAZETTE has already expressed its unqualified and warmest sympathy for this movement, which, by assuring every educated physician examination by the *separate Licensing Board* of the school of medicine in which he proposes to practice, cries final checkmate to any attempt on the part of allopathy to obtain State control of medicine.—(*Ibid.*, p. 201.)

Spoken like a true Homœopath, of whom we still have many. But if our parent association—the AMERICAN INSTITUTE—is "not pledged to a belief in Homœopathy" (p. 199), and "pledged to absolutely nothing in the way of exclusive creed" ; if to profess one's self a Homœopath "savors of Calvinism, of provincialism, and of that blind bigotry which is its standing accusation against the allopathic school" (p. 200), then what under the sun is the need for separate licensing boards for the States ? If one general love-feast, to which all alike are bidden, whether arrayed in wedding garb or rags, whether they be halt, lame, maimed, or blind, is good enough for the INSTITUTE, why be so Calvinistic, so provincial, so blindly bigoted as to insist on a recognition of Homœopathy in State boards ? The New York "idee" suits us exactly. Secretary Moffat's circular-letter fills the bill. There is

nothing half-hearted about its get-up. It says in effect: We are homœopaths; we believe in homœopathy; we cause every applicant for our emoluments to acknowledge the homœopathic supremacy; and we strenuously insist that the homœopathic cakes and ale belong to, and shall be the property of, the homœopath alone. If it be evidence of "sectarian retrogression of which the infallible end is disintegration" (p. 200) for the INSTITUTE to hold up its homœopathic head and dare to be true to its title, why is it not equally disintegrating sectarian retrogression, with Calvinism, provincialism, and bigotry, for any State to insist on separate boards, one for each school of medicine? Why not let the "honorable and educated physicians" of the other schools control the board, exacting from them a promise that the amalgamated constitution and by-laws shall make constant allusions to homœopathy, and that it shall "teem with loyal and affectionate references to homœopathy"? There is nothing so consistent as consistency. Let it be the American Institute of Homœopathy in fact as well as name.

THE OPEN COURT.

RECENT literature and experience on the subject of the use of cocaine includes a statement by Dr. T. Johnson, who, previous to operating for ingrowing toenail in a woman of twenty, injected ½ gr. of cocaine into the soft parts on the inner side of the left great toe. The operation was painless, uneventful, and lasted, from time of injection, thirty-five minutes. Then the patient became pulseless and collapsed with cyanosed lips. A drachm of ether hypodermically and two drops of amyl internally gave immediate relief.

The next day, on changing the dressings, it was found that the entire flesh on the inner side of the toe was gangrenous. Complete healing took place in two weeks.

Dr. W. C. Goodno has had unsatisfactory results from the use of cocaine in catarrhal inflammation. He finds the primary influence of the drug employed locally to have advantages in certain acute inflammations of the mucous membrane when immediate relief is desirable; but in the treatment of the recurring attacks of catarrhal inflammation of the upper portion of the respiratory tract the results are unfavorable. The primary spasm of the muscular fibres of the vessel walls induced by its use is succeeded by a degree of paresis which is recovered from but slowly. The result is the development of a slight degree of continued catarrhal inflammation with increased tendency to acute exacerbations.

Dr. A. N. Chapman has experimented thoroughly as to the availability of using cocaine as a local anæsthetic in operation on the gums and teeth and determines that the little benefit is counterbalanced by the danger.

Cocaine is a physiological antagonist to strychnine, and should be advantageously used hypodermically as an antidote in poisoning by strychnine.—W. D. GENTRY, M.D.

In a case of neuralgia of the face with urethral pain, it was noted that cocaine injected into the urethra cured the neuralgia. Further experiments were made, and the author concludes that, if pain in any part of the body be due to slight nerve irritation, neuralgias, etc., cocaine injected into the urethra will relieve it. If, however, the pain be due to severe irritation—carcinoma, inflammation—the drug will not relieve it ; thus used it is of diagnostic value.

Dr. W. H. Shoemaker, a talented physician of Birmingham, Ala., has been declared insane owing to having become a victim to the cocaine habit. While under the influence of the drug he in December last performed upon himself probably the most unique and remarkable surgical operation ever recorded. He had been a sufferer for some time from a tumor on his liver. One night while alone he took his surgical instruments and deliberately cut into the abdominal cavity, cut the tumor from his liver, sewed the incision up, showed the tumor next morning to his brother physicians, and has since entirely recovered. His use of cocaine previous to the operation became habitual.

—It should be known to the profession that in the preparation of the forthcoming work, the "Concordance Repertory," Dr. Gentry has gone outside of our works called materia medicas, and in addition to them has selected well-proven and reliable symptoms from works on therapeutics, from society reports, and journals. Take for a single instance, one of thousands, this symptom : "Loud gurgling in abdomen, as of water running out of a bottle." It is a genuine symptom, often verified of aloes, but cannot be found in any materia medica.

—Explanation Desired. *The Medical Counselor*, in a recent issue, gave editorially what purported to be an envelope now used by Dr. J. A. Biegler, of Rochester, the design being to show him inconsistent, in that the directions on this envelope advocate alternations of remedies. The *Medical Advance* answers : "The envelope bears the address, 'North St. Paul St.', from which he removed ten years ago, when he was alternating remedies. . . . Why not go back a few years more, when he was practising allopathy, an M.D. from the University of Pennsylvania, to illustrate his present method of curing the sick?" Did Bro. *Counselor* know these facts? This puts an entirely different light on the subject.

—Dr. F. F. Casseday, of Kansas City, gives his preference for the A.C.E. anæsthetic mixture. "It is possible," he says, "with the A.C.E. mixture to obtain that delightful stage of anæsthesia in which pain is absent but consciousness is not lost." He also gives the formula recommended in 1864 by the London Chloroform Committee, consisting of ether three parts, chloroform two parts, and alcohol one part, which in its chemical and physiological effect is similar to bi-chloride of methy-

lene. Dr. Casseday asserts that he has used this mixture for the past nine years without a dangerous symptom.

—Moses T. Runnels, the energetic secretary of the Missouri Institute of Homœopathy, in his announcement, says : "Regularly educated physicians of Missouri, or other States, *who believe in Hahnemann's law*, are eligible to membership." [Italics ours.] American Institute please copy.

—The Homœopathic Medical Society of New York is already at hand with its program for the next semi-annual session, to be holden at Rochester, September 17 and 18, 1889.

—Sometimes an infant's tongue, says the *Archives of Gynæcology*, can be exposed to view by simply pressing the cheeks gently with thumb and finger. If necessary, hold the nose for a moment and the tongue will come in sight.

—Dr. Chas. H. Cogswell, of Cedar Rapids, has a "bloody shirt" paper, on the reinstatement of the *Medical Times*, in the *Advance :*

"The very moment a would-be leading journal omits from its title the adjective indicating it to be a homœopathic journal, that moment it begins to weaken our cause and fosters that of our opponents. If the editors, from the fear of a loss of a few dollars, are afraid to be partisans and would 'sell their birthright for a mess of pottage,' let them step down and out (editorially) or join the other camp."

Stuff and nonsense ! How many journals have we in the school to-day who are truly homœopathic yet have no homœopathic adjective in the title ? And, *per contra*, there are a few who retain the adjective but lack the homœopathic teaching. The homœopathic adjective was not dropped from the journal referred to because the editors were in "fear of a loss of a few dollars." Its most venomous opponent has never charged that. It honestly believed that it was a mistake to uphold a distinctive school of medicine, and acting on that belief chose to be pliocene. Give the devil his due.

"What a sorry sight it must have been for the *homœopathic* members of the Institute to see the oldest National Medical Society of the United States stepping down from its high plane of honor and dignity and rescued by a small vote in an irregular way "early in the morning, in the absence of the secretary," a *just* and *honest* resolution which was regularly adopted by a large vote at a previous session. If that is to be the method of conducting the affairs of the Institute, and it is to be managed by men devoid of the true principles of Homœopathy, I am in favor of renouncing it and turning it over to the mugwumps, and let them bury themselves at the earliest possible moment ; if not, then let the Institute hold aloft the high standard she adopted years ago ; and

the man that dares deface or lower that standard, 'shoot him on the spot.'"

Hip, hip, hurrah!! By the bye, where was Dr. Cogswell at nine o'clock of the morning, in the absence of the secretary, when this frightful thing was done? This critic must not get confused in the "large vote at a previous session" and regard that as synonymous with justice and honesty. Who does not know, as Alger somewhere puts it, that whole societies and communities, as well as single individuals, frequently become insane. We all know that a magnetic speaker sways his audience, and, given a popular topic, may incite to murder. Dr. Allen, popular and influential, rapidly and in an impassioned way detailed his grievance and moved the disbarment. It was instantly acted on, without debate, without premeditation. Does this argue its correctness? Murat Halstead criticised the United States Senate and was punished by non-appointment. The *New York Medical Times* criticised the Homœopathic school of medicine and was disbarred. Halstead is universally upheld as typifying freedom of speech; the *Times* is universally condemned for using its freedom of speech.

ACONITE IN CARDIAC AFFECTIONS.

By B. F. Underwood, M.D.

IN material doses—from 1-10 to 1-2 minim—aconite is a cardiac depressant, lowering arterial action and reducing the temperature. Its use is indicated in those diseases of the heart where the chief indication is to diminish its action. In simple hypertrophy, Fleming says, with pain and increased action of the heart, it is preferable to digitalis; its action is more purely sedative and more uniform. It is also indicated in over-action of the heart where there is no valvular lesion. When obstruction exists which prevents the heart from transmitting the necessary quantity of blood by the usual number of pulsations, and is forced to make up for such inadequacy by more frequent forcible contractions, its use is highly injurious.

Rheumatism of the heart and affections of the fibrous portions of the pericardium. Rheumatism of the heart or rheumatic endocarditis, violent palpitation, dyspnœa, sense of suffocation, anxiety, irregularity and intermission of the beat and rheumatic pain, with swelling of the joints.

Endocarditis. Fever, high temperature, acute pain, with swelling of the joints, great restlessness and anxiety, fear of death. Small, hard pulse, which does not always accord with the action of the heart, the heart beating twice as often as the pulse.

Endocarditis with pericarditis, stasis of the lungs. Hyperæmia of

the heart, preceding endocarditis. All diseases of the heart characterized by increased action, especially where the left side is chiefly involved. Concentric hypertrophy, when the area of dullness is not large; the beats of the heart are short, hard, and forcible, showing great power, but small aptitude of contraction; the pulse is small, hard, and incompressible, the mind is anxious, and there is great restlessness of body and mind (Hale).

In dilution, aconite is a nerve stimulant, increasing the nervous force by direct action upon the ganglia. The characteristic indications for its use are: numbness and tingling in the fingers, anxiety, excessive sensibility to the least touch, lancinating stitches about the heart. Attacks of intense pain extend from the heart down the left arm. Weak, irregular beats of the heart, pulse small, feeble, and slow, and not synchronous with the beats of the heart.

Its use is indicated, in attenuation, in the second stage of endocarditis, when the patient is slowly sinking; the pulse is small and thready; the heart's impulse almost imperceptible, only a fluttering; the skin is cold and clammy; the patient is anxious and his intelligence is clear (Hale).

In pericarditis, when the inflammatory stage has subsided, and the beats of the heart become weaker, irregular, intermittent, and unequal, and at the same time the pulse is small, feeble, and slower, and not synchronous to the beats of the heart. Symptoms peculiar to aconite are found only in disease of the heart.

Spasms of the heart. Suffocative sensation about the heart, or sensation as if it had ceased to beat. Excessive anxiety, as if death were impending, coldness of the extremities, collapse of the pulse, deathly pallor of the face. Shortness of breath when sleeping or rising up.

Chronic affections of the heart, with constant pressure in the left side of the chest, difficult breathing from violent exercise and on going up stairs, with stitches in the region of the heart, fainting fits and aggravation in the fall and spring. For chronic heart complaints, Hughes recommends the sixth dilution. Palpitation of the heart in young, plethoric, sensitive persons, especially of sedentary habits.

Intermittent and irregular pulse. Three radial beats to one impulse of the apex, contractions of the left ventricle still being synchronous with pulse. Constant convulsive state of the right auricle, with quick, irregular, and disproportionate action. Oppressive aching in the region of the heart. Lancinations in the regions of the heart. Sensation in the region of the heart as if a heavy body were lying in its place. Feeling of heaviness about the heart.

Pulse frequent, soft, and weak; the beat being sometimes so feeble as to be almost imperceptible. Pulse feeble and regular, or feeble and intermittent after every second stroke. Pulse small and rapid, 100–

140. Pulse almost imperceptible, intermittent and irregular, two or three beats followed by an intermission. Heart's action almost imperceptible. Sensation as if all the blood in the veins were frozen.

Brooklyn, N. Y.

CASES FROM PRACTICE.

By E. G. Grahn. M.D.

MISS B., aged twenty, came to me July 17, 1888, saying she had dyspepsia. Had been treated at Indianapolis by two old-school physicians, one of whom was a professor in the college from which I graduated.

She referred most of her trouble to the stomach. Had little appetite, food digested slowly—produced a sense of weight at a longer or shorter interval after eating, qualmishness, then again gaseous distention. Had to be very careful about eating fatty foods, which always aggravated not only the stomachal symptoms but also a frontal headache of which she complained.

Menstruation rather irregular as to time of appearance and length of time of flow. What troubled her most was the stomach, and for this she sought relief. I noticed that she was a brunette, but of a mild disposition, and that she was weak on account of improper assimilation of food. Bowels constipated. Finding further that she was better in the cool air than from heat, inclined me with the other stomachal symptoms to give her pulsatilla 200—three powders, one to be taken each night. Asked her to report, which she did, saying that she felt some better, but still the symptoms were not gone.

Gave her ten more powders and placebo, telling her to take only as much as was really necessary to keep her comfortable, urging the taking of the placebo powders.

Improvement kept on so that in three weeks she was almost altogether rid of her stomachal symptoms and minus the headache—and that, too, without having taken all the pulsatilla I gave her. She returned to her work as assistant cook in a hotel in the above-mentioned city, since which time I have not seen her. She had come home, expecting to have to stay for months.

I referred her for further treatment, if needed, to one of the homœopathists near the place of her business.

I should add that the constipation had given place to natural stools.

Mrs. T., aged fifty-seven, complained April, 1888, of having heat on the top of head (not a real headache), with almost constant cold feet and an unusual hunger at about ten or eleven o'clock A.M. With the exception that she did not feel strong, but rather weak, this was about all she had to tell.

Every one knows that this points to sulphur, which I gave in the 6th, daily for a week, with sac lac, and had the satisfaction of being told that the whole affair had given place to a natural state.

On Feb. 24, 1889, I was sent for to see her. She had fainted away, and when I arrived was in bed—propped up quite exhausted, heart beating weak, rather quick and intermittent, missing at the 3d to 6th, and again at the 10th to 20th beat. I was told that she had experienced some violent throbbing of the heart, which she both felt and heard. To the family she seemed dangerous, so I was expected to prescribe quickly, which I did by putting a powder of spigelia, 4th, in water and gave repeated doses with seeming early relief, for she felt easier after a few doses. Then I learned that she complained also of pains along the spine, principally above the sacrum and over the shoulders, and that she could not lie still on account of similar (presumably rheumatic) pains in the limbs, which she was compelled to keep in motion in order to obtain relief.

This seemed to indicate rhus tox., but in order to use but one remedy at a time I directed her to take only a few doses more of the spigelia and left sac lac, telling her I would see her again. I studied the symptoms in Farrington's materia medica, and found that rhus tox. had "accelerated but weak pulse, irregular or even intermittent," but lacked the violent, throbbing character sometimes found in spigelia cases. Going back to the patient in the evening, after a lapse of eight or ten hours, I found the heart quiet but still intermittent, yet not so much so as in the morning. But the muscular pains and restlessness were very prominent, and as they had kept the patient more or less awake for several nights I gave rhus 200, one dose dry on the tongue, telling the patient to go to sleep until morning, at which time I called again and was told she had a good night's rest.

Numbness of left arm and limb, which had also been present, was now felt only very slightly.

She took sac. lac. in water that day and felt quite well. That evening there came again the distressing heart symptoms—this time having only a little of the violent throbbing, but the pulse was exceedingly weak and alarmingly intermittent, sometimes missing two beats at one time, this being followed by an effort of the heart to make two beats at once. The distress and anxiety which usually accompany such conditions were present. Spigelia 200 in water, a few doses at short intervals, brought relief.

Ordered her to take only enough to keep her comfortable. The next day I felt compelled to allow her to take the remedy occasionally, as a return of the unpleasant symptoms seemed imminent. During this and the following night she was quite restless again, owing to a return of the rhus symptoms—for which I felt very much like giving that

remedy ; yet, as the heart symptoms seemed more dangerous, she took the spigelia 200 at long intervals.

After two restless nights and days had been passed—the heart symptoms abating—I gave her again rhus 200, one dose dry on the tongue, and again it acted nicely, giving her a restful night, nor has there been a return of the symptoms demanding a repetition of rhus—though it is now two months since it was given. I wish I could say as much for the spigelia. For of this remedy she has been compelled to take repeated doses at various times. First in the 200, and then in the 30, which potency seems to need the least repetition. I was foolish enough to try a low potency of spigelia, but several doses aggravated the trouble, so she now sticks to the 30, which she uses only as needed.

The attacks now consist chiefly of the weak, almost-gone pulse—rather quick and still intermittent. Whether the trouble is incurable or not I am unable to say. Probably some good prescriber could find a remedy that would permanently change the character of the beat to a normal one. Since she has for some time been able to perform her domestic duties, and has had less of the weak attacks, we have both concluded to let well enough alone, and use spigelia 30 only when needed.

Certain it is that every time spigelia was given the result was favorable, and she tells me she can even thwart an attack if it does not come too quick.

The action of the rhus was as good as could be asked for, and was watched by the daughter with anxiety and considerable wonder at my composure in waiting three or four days, when the trouble might return at any time, she thinking more medicine would make it safer.

AMYL NITRITE AND HOMARUS.

Gleanings from a Private Letter of A. M. Cushing, M.D.

I WOULD like to tell you of the happy results I am getting, in giving amyl nitrite 1x by inhalation in cases of confinement instead of ether or chloroform, also the same for painful menstruation. It seems to be a perfect panacea. I am also getting nice results from homarus (lobster poison). One case leads me to hope for something in the treatment and perhaps cure of cancers.

Mrs.——,aged 45, has been under the care of a leading old-school doctor of New York. Has had the whole left breast removed ; has two hard tumors in left axilla, one below the scar on left breast, one in right axilla, each the size of a small hen's egg, one on breast discharging pus and blood. *Severe* distress in stomach all the time, cannot take food ; liver hard and extending 3½ inches below umbilicus. Skin brown, coffee color all over. I gave bromide of arsenic, chele-

donium, and proto-iodide of mercury with slight relief. As she complained of pain in stomach similar to what I experienced while proving homarus, I gave her homarus 4x once in two hours.

It gave relief at once, and for six weeks she ate three good meals each day, and some of the time four. Her bowels were bloated, and that disappeared, and her skin returned to its normal color, and the hardened liver seemed softer. She seemed quite happy during this time. As the hot weather comes on she begins to grow weaker, and of course must die; but when I see what it has done in this old case, may we not hope for something in recent cases?

SPRINGFIELD, MASS.

CHELEDONIUM.

BY L. L. HELT, M.D.

MRS. B.—aged 41, applied to us for treatment Dec. 4, 1888, and, as she expressed it, "Have a trouble with my right side."

After questioning her thoroughly, obtained the following history: Some fifteen years ago she moved to this State from Illinois, having lived there for several years, and about six months out of every year spent in Illinois she suffered with "chills and fever," and, to use her words, "I just took bottles of quinine and mercury"; still she would have chills and fever; so she was at last compelled to move back to "Beulah Land," Ohio, where she finally recovered from her malady, yet not obtaining her former degree of health. About seven years ago she noticed a small enlargement in the ileo-cæcal region, not superficial, and, she being at once alarmed, went to a physician possessing years of ripe experience, and he, so far as we could learn, did not venture a diagnosis (neither did we), but gave her a prescription, and told her to return at such a time, and after being treated for quite a long time (three years) she received no relief, and she gave up her arduous and expensive task, supposing she was a doomed sufferer for the remainder of her days. However, she made up her mind to make one more attempt, it falling to our lot.

Her symptoms—

OBJECTIVE.	SUBJECTIVE.
Whites of eyes, forehead, nose, and cheeks a dirty yellow. A perceptible enlargement in ileo-cæcal region, with tenderness on pressure.	Dull, heavy, aching pain in right side, greatly relieved by standing on feet, can't lie on that side, very wakeful and nervous at night. Heart's action very accelerated, worse at night. Pain in side aggravated by running a sewing machine.

Chel. 6x, ten drops before each meal, and at bedtime for a few days, relieved her ; then January 2, 1889, she began taking it once per day for one month, since which time have had no demand for treatment from her, and heard from her April 7, to the effect that she was "cured."

COLUMBUS, O., 284 South Eighteenth Street.

A KEY-NOTE OF SEPIA.*

BY JOHN H. CLARKE, M. D.

MRS. C., aged 50, came to see me on March 23, having been ailing about a fortnight. She had been under me some years before for a very severe attack of inflammation of the lungs.

She now complained of feeling exceedingly ill. Had diarrhœa, and *a feeling as of a weight in the anus during stool, and for one hour after stool.*

Faintness and a sinking sensation during stool. Irritation in the anus and passage of thread-worms.

For five days she had sickness, with feeling as if oil was rising in the throat. Hot pain in the forehead. Thirst for cold water.

Sepia 30 was given three times a day. She returned in a week a changed woman, having been relieved by the first dose. All the symptoms had given way. She was given more of the sepia, to take in case there was a return of the symptoms.

The next week she reported that she had gone on improving, except that after an unusually hard day's work she had a slight return of the diarrhœa, but two doses of the sepia put her all right again.

The symptom italicised is characteristic of sepia, and when it occurs no other medicine need be thought of. It matters not whether it is diarrhœa or constipation that the patient is suffering from, if there is "fullness or weight, as if from a foreign body in the anus, unrelieved by stool," sepia will cure this, and in all probability all the other symptoms the patient may be suffering from as well.

LONDON, ENGLAND.

GELSEMIUM FOR A THROAT CASE.†

BY T. G. STONHAM, M.D.

JAN. 18, 1889. Called to see A. S., aged 12. Had been ailing for about a week, being fairly well in the mornings, but feverish in the evening, with disturbed sleep at night. To-day for the first time has

* Homœopathic World. † Homœopathic Review.

complained of pain in the throat. On seeing him in the evening, I found him with a drowsy appearance, the eyelids being puffed and rather livid, the cheeks and forehead congested. Wanted to be nursed. The throat red and slightly swollen about fauces, no swelling of tonsils, lymphatic glands at angle of jaws swollen and tender on both sides. Slight but not marked pain on swallowing, and also slight pain and uneasiness in throat when not swallowing. Temp. 101.5. Pulse 184. Skin dry and hot. Acon. 1 and merc. sol. 6 alternately every hour.

19th. When seen this morning temp. normal. Patient lively and playing about the room. Has had some milk and biscuits for breakfast, which were swallowed easily and with very little pain. Throat appears much the same, still red and slightly swollen. Eyelids still puffy. Continue merc. sol.

20th. He has passed a very feverish night again, in fact has been worse than any night since his illness commenced. Better again this morning. I notice no appreciable difference in the symptoms from those presented yesterday morning. Temp. normal.

Evening. Sent for about 6 p. m. Patient apparently very ill, lying drowsily in his mother's arms ; face and forehead flushed and burning; thirsty. Temp. 104. Pulse 120. Throat presented a much more inflamed appearance, and there were several points of whitish membrane on the fauces on each side. Evidently merc. sol. was not the right medicine. The following indications pointed to gelsemium, viz. :

a. The marked remittance of the febrile symptoms.

b. The departure of the fever without perspiration towards morning.

c. The drowsiness, with congestion of head and face, especially of upper eyelids.

The symptoms referrible to the throat were not characteristic, but I prescribed from the above constitutional symptoms gelsem. 2x gtt. ii. every hour.

21st. About 1½ hours after taking the medicine began to feel much better, and had a comfortable night. This morning the temp. is normal. Patient looks much brighter and less heavy about the eyes. Points of membrane have disappeared from the throat, which looks less inflamed. Continue medicine every three hours.

22d. No return of fever last evening. Patient seems quite well. Throat looks almost normal.

No return of symptoms took place, and after three days the gelsem. was discontinued. This seems to have been a case of remittent fever in childhood, in which the throat symptoms were unusually prominent.

VENTNOR, ISLE OF WIGHT.

THE BROTHERHOOD OF MEDICINE: AN ADDRESS.

By John C. Budlong, M.D., Providence, R. I.*

BEFORE entering upon the discharge of the more important duties resting upon me, permit me to pause for an instant to express my profound appreciation of the honor bestowed by this election to your presiding chair. Conferred in my absence and in the immediate succession of a Korndoerfer, a Helmuth, a McClellan, and a Dowling, this mark of confidence shall be proudly cherished through life. Other positions and other titles have fallen to my possession, but this token of regard from the hands of those I esteem it a privilege to salute as brothers overcrowns them all.

It is a matter for hearty congratulation that life and health and strength have been vouchsafed us to this day; more especially does it become us to return thanks to the Author of all good for the opportunity and for the *inclination* to participate in that reunion.

For consider what our presence here indicates! Liberality of sentiment, and a depth of education more commended in theory than by practice. It indicates escape from the thraldom of the almighty dollar, a recognition of the fact that living favor is rather to be chosen than silver and gold, superiority to the rivalries and jealousies and petty strifes of every-day life, burial of potencies and codes and nosodes at least for a night, loyalty to our alma mater (whose faculty we cordially welcome here, the same, yet not the same, as when in the vigor of early manhood its wisdom was imparted for our guidance to success in our life-long warfare with the fell destroyer), but above all unswerving loyalty to the fundamental principles of our faith as inscribed upon the Organon, the corner-stone of our cause, eternal and immutable.

Was Hahnemann then inspired? Not if the term be used in the sense with which it is applied to the writers of the Sacred Scriptures; but if conceded the same signification with which it is affirmed of Kepler, and Newton, and Linnæus, of Homer, Shakespeare, and Tennyson of Praxiteles and Canova, Parrhasius and Raphael, of countless men who studied nature with the most complete unreserve until their hearts and their souls throbbed in unison with hers, responding to her every life-beat, her each nerve quiver, reading thus her inmost secrets and revealing them to an inquiring but less consecrated world. As the first

* Address delivered before the Homœopathic Alumni of Philadelphia. (A few days subsequent to the delivery of this address Dr. Budlong was elected by the Legislature of Rhode Island Surgeon-General, with the rank of Brigadier-General, for a fourth consecutive term of five years each. His reëlections have been without opposition from any quarter.)

mapped the heavens in the most complete ignorance of the force controlling planetary bodies, and the second revealed the measure of that power with comparatively no knowledge of the composition of matter, so Hahnemann indicated the *sole method* by which the evils flesh is heir to may be eradicated : " Tuto, cito, et jucunde," when in darkness as profound (*but not more so*) as that which exists to-day concerning the essential nature of those ills. He then formulated principles for their relief, whose *modus operandi*, with that of most of nature's laws, can only be explained when we know how and why the different proportions, and even the different arrangement, of carbon, oxygen, and hydrogen atoms exhibit correspondingly diverse properties and forms.

When we have learned the ultimate constitution of matter then may we *possibly* have cognizance of the *rationale* of its laws, but not until then. Shall we therefore fail to observe them or to conform thereto ?

Gentleman, the circumstances and the occasion of this assemblage suggest the theme to which I would direct your attention this evening. He whose professional career well-nigh covers four decades has met on terms of perfect equality him upon whose diploma the ink is scarcely dried. Let us consider, then, for a few moments the Brotherhood of Medicine. Does such a fraternity exist ? Are its bonds sufficiently strong and unique indissolubly to enchain with the obligations of a glorious, universal fraternity all intelligent practioners of the healing art ?

A fourfold cord that cannot be broken entwines the life of every true physician from the hour when first he is enamoured of the Æsculapian art until that other hour when he forever lays aside its responsibilities, too often the victim of its hardships and its toils. A cord of double strand is thrown about him at the very threshhold of his professional career, the unity and the singularity of the studies essential to success. Perfect conversance with the construction and the working of the human frame, with the natural history of the maladies and the accidents to which it is exposed at each stage of its existence, and with the properties of all things adapted to their averting, their relief, and their removal is universally acknowledged a necessity.

But this information is eminently practical in essence, strictly technical, and in so far as it exerts any influence upon its possessor renders him unfit for the companionship of any save his fellows. On the other hand, the inconceivable breadth of the diverse and apparently dissociated sciences therein involved is sufficient to appal the most venturesome spirit. In their number we find physiology, normal and abnormal, with all that term implies; mechanics, a complete knowledge of whose principles is required alike by the obstetrician and by the surgeon, while the latter at least must have a practical acquaintance with their application; chemistry, spreading her apparently illimitable inorganic fields before the tyro, the organic expanse practically



Very Truly Yours.

Edward N. Calcott.

infinite to the expert, and the somewhat restricted but correspondingly difficult physiological compounds looming up as dark mountains in the horizon; physics, in its diversified relations to the human economy; sanitary science, with all its ramifications; and, last but not least, drug action, each affording ample scope for unremitting toil throughout the longest life. Therefore, while we point with pride to those representative physicians who have captivated Euterpe and Thalia, and to those who are or have been comfortably seated in our National Capitol, it is a notorious fact that, generally speaking, the magnitude of a doctor's reputation in a non-professional capacity accurately indicates his worthlessness as a physician. No more conspicuous illustration can be desired than is afforded by the highest department of contemporaneous literature. Humboldt was the last of savants to dream of compassing all knowledge; masters of three sciences, like James B. Dana (geologist, mineralogist, and crystalographer), are exceedingly rare. *Heroic ignorance*, then, of all alien matters is an essential condition of success to each of us, save to the few whom God has blessed with unusual endowments.

Let me pause for an instant simply to enunciate an important corollary to this proposition. Because our art is so long, and life is so short, a liberal education in letters should be the possession of every man and every woman who enters upon its study.

The second cord that fetters alike each disciple of Hippocrates is of triple strand—his peculiar trials, physical, mental, and moral. These have cut so deeply into our organisms that the merest mention will suffice to open countless wounds, to renew the aching of long-forgotten bruises. Incessant toil for seven days in a week, and fifty-two weeks in a year, continued perhaps for decades; labors protracted daily for fifteen hours and upwards, not infrequently covering the entire twenty-four; broken sleep, which too often it is simply impossible to make good; deprivation of all amusements, as well as of most social and intellectual recreations; complete isolation of life, most keenly realized on the obtrusion of emergent cases, when the poverty of our art too often combines with the poverty of our patient to render the situation indescribably exasperating; more galling and yet more galling, the ignorance, the impatience, the meddlesomeness, the deceitfulness, the obduracy, and the ingratitude of human nature; each and every one has left indelible scars upon our bodies, and minds, and souls, if it so be we are possessed of anything worthy to be called experience. For what stronger bonds can any one ask than chains like these?

The third cord is most conspicuous to the outside world. Rarely is it thought of by the physician, still more rarely is its burden realized. And yet sad proofs of its existence abound on every hand!

That cord, quadruplex in construction, is the peculiar perils of a

doctor's life. The vital forces, enfeebled by the irregular life already referred to, readily succumb to the first serious assault of diphtheria, pneumonia, enteric fever, and kindred disorders. The chances of septic infection, not to mention other forms even more to be dreaded to which he ever is exposed, might well cause the stoutest heart to quail. But still more paralyzing is the thought that perchance at some undreamed-of juncture he may innocently carry to his own home prolific seeds of disease and death.

Yet the physical dangers, serious as they are, can scarcely be named with those constantly imperilling his mind and his soul. Accustomed to prompt and unquestioning obedience, he becomes egotistic; harassed at every moment on every hand, he sinks too often inextricably into the deepest ruts of routine, guided in his daily work by circumstances almost inevitably to a greater or less degree of specialism, he suddenly finds his range of vision as of action contracted and himself one-sided; finally awakened to an accurate realization of the value of the professions and the promises unremittingly poured into his ears, he is thoroughly misanthropic. Above all, countless temptations are sprung upon him at the most unlooked-for moments and under guises well calculated to deceive the strictest moralist, succumbing to the least of which may cost reputation, liberty, possessions, hope, all things! No other occupation the pursuit of which necessarily involves the assumption of such fearful risks.

Turning now from the contemplation of scenes whose somber hues could only be delineated by a Dante or by a Doré, glance for a brief moment at the peculiar rewards of the true physician.

Few they are in variety; their number depends solely on his pleasure. "God created man in his own image, in the image of God created he him," whence inevitably it follows that man's highest happiness is to be found in the most perfect imitation of his maker possible. But we know him only as the author of all things, their preserver and their bountiful benefactor; we know also that he delights in the affectionate gratitude of the intelligent creation. No man occupies a position of closer correspondence than the practitioner of the healing art. His it is, in a certain sense, not only to give life and to preserve it, but also to restore it. Hence the heaven-born gratification with which he regards a valuable life preserved to family and friends and society through his skill and his fidelity.

This is second only to that experienced when he is permitted to rescue a single soul from the haunts of vice and restore it to paths of virtue and integrity. That is the most supreme joy of which created intelligences are capable, a joy that even the angels of heaven cannot attain unto. When to these are added the gratitude and the love of those rescued, the cup of human happiness is indeed full to overflowing. If they are withheld, as is too often the case, there still remains the

serene consciousness that we are walking in the footsteps of him who went about doing good, having taken upon himself the form of a servant, that God also might highly exalt him and give him a name which is above every name.

There is, then, a brotherhood of medicine broader than any school, embracing all schools, whose members are bound so long as time shall last, whether they recognize their obligations or not, by the indissoluble ties of a common preparation, common trials, common perils, and a common reward. Every educated physician is included therein! Himself would be the chief gainer if in all cases he should manifest to his fellows a spirit of fraternity, charity, liberality, and loyalty. The fields of knowledge, like those of the world, are sufficiently broad to enable each one to pursue his own path without encroaching upon that of his neighbor. The hill of science has so many crests and so many avenues of approach that it is impossible for all to regard its outline precisely alike. Truth is the same yesterday, to-day, and forever, though our conceptions of her may be as variable and as evanescent as the róse tints of morning. Rembering that the eternal years of God are hers, and that her domain shall extend from sea to sea, let us each steadfastly labor for the right as we see the right, knowing that as the day advances all clouds and all shadows will vanish,and that ere long no man shall say to his neighbor," Knowest thou Truth ?" for all shall know her, seeing her as she is in the effulgent brightness of the millennial day.

SOME THOUGHTS ON THE FIRST VOLUME OF THE CHRONIC DISEASES.

By Dr. S. Lilienthal.

No. II.

HAHNEMANN would not be Hahnemann if he would not cling with obstinacy to an idea which rounds up his system, and on page 72 he gives from his own experience the symptoms of patients who, by their own confession, *had been infected by the itch.* What itch? The French use the word *gale* for scabies, itch, ringworm, scab, mange of dogs, and farcy of horses, but in the German vernacular the word *Kraetze* means nearly always the scabies, and *Gucken* means itching, pruritus. Why not candidly acknowledge that Hahnemann was here in error? And we cannot agree with the defence of Prof. Hare, when he says in his classical "Special Pathology": "If we now take a glance over Hahnemann's masterly picture of what he calls psora, we shall at once perceive that under psora he did not understand acarus-itch solely, but gave a totality of chronic cutaneous affections in general. All parasites, no matter whether animal or vegetable, can grow only upon a suitable soil; if this soil is made insupportable to them, they die or leave." We must

go back nearly a hundred years ago, and we can see then sanitation was at a very low ebb, and scabies so frequent that one could hardly ask a patient about his having had the *Kraetze* without receiving an affirmative answer. Let our opponents sneer at this mistake of the old man; it does not harm him nor us; for out of this mistake grew the practical demonstration that most cutaneous affections are only the outward image of an internal disease, and only internal treatment can be admissible for their removal, and we may all agree with the axiom (page 127), "As long as the eruption is yet existing upon the skin, the psoric disease exhibits itself in its simple and most natural integrity, and may be cured in the easiest, quickest, and safest manner; but as soon as the internal disease has been deprived of its vicarious symptom, the psoric poison is forced to spread over the most delicate parts of the internal organism and to develop its secondary symptoms" (page 72 to 127, a fearful array). And page 131 this wise teacher adds: "The human skin never produces an eruption out of itself; it never assumes a morbid condition without being invited or rather obliged to do so by the abnormal activity of the whole organism," and then, alas! gives us at the same page a description of the "*Kraetze*, with the innumerable opportunities of catching it, which, when recent, may be cured by a single small dose of sulfur in the space of a few weeks, but where the violent suppression of the eruption has forced the internal psora to manifest itself in the form of secondary chronic affections, or where it is still slumbering in the system, sulfur alone is never sufficient to effect a cure of such a psoric disturbance and requires the use of a large number of antipsorics." It appears here clear again that Hahnemann means heavy chronic cutaneous affections, and not the *Kraetze* alone, and that his psora means far more than the truly local wanderings of an acarus. Nobody at the present day changes his mode of life when accidentally this sarcoptis buries himself into his skin; the intruder is expelled, and hardly ever secondary symptoms have been noted; and still how often have incurable diseases followed the suppression of an acute or chronic scrofuloderma, of an herpetic eruption, demonstrating the great truth that such outward signs derive the poison from more important internal organs. Here diet and a change of life (p. 137) are of the utmost importance; and still, says our teacher, the strict homœopathic dietetic rules may be modified when we have to treat lingering diseases, and when it becomes necessary for the physician to consider the age, the occupation, and the social condition of the patient. More walking in the fresh air, less riding in carriages, is good advice, and which we ought to insist upon in our neurasthenic age. Why Hahnemann opposes so much the habit of bathing is a mystery to me, and he considers mere ablution for the sake of cleanliness sufficient. Americans will never subscribe to this edict, for in this country a

house without a bathroom is an exception, while even to-day in many parts of Europe a house with a bathroom is an exception, and one has to go to a public bath to enjoy its luxury, and many an ailment may follow such exposure. Hahnemann was an old sinner in relation to his pipe and his coffee, and still already in 1803 he fulminated against the use of coffee, tea, and tobacco. His own old age certifies that in moderation it may remain harmless, and that strict individualization is here as much a necessity as in any other prescription. Probably the dear old man did not despise a good glass of wine, for he acknowledges (p. 141) that in treating psora its deprivation for those used to it might be followed by sinking of strength, the cure might be retarded, and even life endangered. What he says about liquors, in our next.

San Francisco, Cal.

SELDEN HAINES TALCOTT, A.M., M.D.

We present our readers this month with what we think all will agree is an excellent likeness of Dr. Talcott.

Dr. Talcott accepted the position of Superintendent of the State Insane Asylum at Middletown, N. Y., in 1877, on the resignation of Dr. Henry R. Stiles. He has held that position ever since with great success, and has done much to give to that institution the well-deserved popularity which it enjoys. It is needless to say that he is a thorough student, an ardent lover of his profession, and has visited the leading European institutions, with greatest interest and zeal, to secure all knowledge that will advance the institution of which he has been so long the medical head.

Dr. Talcott entered Hamilton College in 1864, but shortly after enlisted in the Union Army and served in the Army of the Potomac in the 15th regiment, New York Volunteer Engineers, serving mainly as dispatch messenger to the colonel. He returned to the college in the Fall of 1865, and graduated from Hamilton in the Summer of 1869, where he took honors. He graduated March 1, 1872, from the Homœopathic Medical College, and delivered the valedictory address.

In September, 1875, he was appointed Chief of Staff to the Homœopathic Hospital on Ward's Island, New York City, where he remained until appointed Superintendent of the Insane Asylum at Middletown, N. Y.

Dr. Talcott is a contributor to the medical literature of the time, and is the author of valuable papers, among which are "Prognosis in Insanity," "General Paresis," "Medical Notes on the Treatment of the Insane," "Mania, Its Causes, Courses, and Treatment," "Melancholia with Stupor," "Rhiniosis in Relation to Insanity," "Delusions of the Insane," "The Insane Diathesis," "Sleep without Narcotics," "Nu-

trition in Mental Disease," "Laws of Commitment and Care of Insane," "Traumatic Insanity and Traumatic Recoveries."

Dr. Talcott has been president of the Medical Society of the counties of Oneida and Orange, of the State Homœopathic Society of New York, and is now president of our national medical organization, the American Institute of Homœopathy, and a member of the American Association of Medical Superintendents of Insane Asylums. He has been elected honorary member of the Massachusetts Homœopathic Society, as well as that of Northern New York. Dr. Talcott has received the degree of M.D. from the Regents of the State University. He was for four years lecturer on mental and nervous diseases in the Hahnemann Hospital, Philadelphia, and has been for many years professor of mental and nervous diseases in the Homœopathic Medical College of New York City. He is one of the foremost alienists of our school, and has so blended his life with the institution of which he is chief that it may be said he has no higher ambition than to there carry to completion his views as to the hospital system, the college system, and the foster-parent system of caring for the insane, a work for which he is most admirably equipped by education, experience, and training, and into which he has entered with his whole heart.

SOCIETY MEETINGS.

OHIO STATE SOCIETY.

The twenty-fifth annual session of the Homœopathic Medical Society of Ohio was held at Cincinnati on May 14 and 15. The Lincoln Club had tendered the use of its hall and rooms to the society, and they proved to be most admirably adapted to the use of a large body of persons. From the Gibson House, the headquarters, to the club rooms was but a few squares, so that, as the place of meeting was centrally located, no hardship was encountered in getting the members to attend, and from first to last good sessions were had. The weather, too, was pleasant, and though the city was full of the Sons of Veterans in annual encampment, no difficulty was experienced in receiving kindly and courteous treatment at the hands of everybody. In short, the welcome by the Cincinnati brethren was royal, and not a member went to his home with the faintest trace of dissatisfaction. It was declared a success from first to last.

The first day's session opened a little tardily, but at eleven o'clock between fifty and seventy-five members were present, and Dr. C. E. Walton, President, called the society to order and at once entered upon the routine of business. The report of censors was passed, and the reading of the minutes dispensed with in view of the fact that they are incorporated in the printed transactions. The Treasurer's report was read, and disclosed the fact that, notwithstanding the drain on the treasury by reason of the large publication expense, there was still money

on hand, and that the society was prosperous. The Committee on Publication presented its labors, which were accepted. The Bureau of Registration, Legislation, and Statistics was represented by Dr. H. E. Beebe, of Sidney, with a paper entitled, "Salaries of Medical Employees of Ohio Charitable Institutions." In this he contended that the pay was inadequate for the services and responsibilities, and that so long as this picayunish policy obtained, the majority of the public institutions would be at the mercy of politicians and inexperienced men. Dr. D. H. Beckwith of Cleveland joined issue on this statement, and argued that the public institutions were excellent schools for young men, and for those who wished to become familiar with specialties; that the honor, in addition to the emoluments, were adequate compensation. He instanced his own case, where he accepted an official position at $5 per day, and lost thereby anywhere from $30 to $40 a day. Still, he was content to give that much of his time for the public good. Drs. Palmer and Claypool came to the rescue of the essayist, deprecating the necessity of foisting inexperienced men upon our unfortunates, putting it on the broad ground of inhumanity to the helpless.

Dr. Beckwith assumed charge of the Bureau of Sanitary Science, and introduced Dr. J. W. Clemmer, of Columbus, who presented his views on the "Smead System of Heating and Ventilating, and its Auxiliary, the Dry Closet, for School Buildings." The discussion ensuing called out opinions from Drs. Owen, Claypool, Sanders, Gann, Edgar, House, Pratt, Monroe, and Beckwith, the majority seemingly favoring the system as a heating arrangement, but rather doubtingly affirming its value as to dry closets. Dr. J. C. Fahnestock presented a paper on "Natural Gas," in which he rather assumes the negative value of the gas. He was answered by Dr. Claypool, who contended that the deleterious effect spoken of in the paper was principally, if not wholly, owing to its improper use. The chairman presented his paper on "Milk Adulteration," but instead of having it read, requested that a paper by the chairman of the bureau, who was absent, be read by the secretary. This was entitled, "Recent Advances in Etiological Science."

Dr. Wm. Owens, sr., of Cincinnati, introduced his honor, John B. Mosby, mayor, who addressed and welcomed the assembled physicians and their ladies, and expressed the hope that their stay would be pleasant and instructive. His address was answered by Dr. O. W. Lounsbury, of Cincinnati. The president's address was then read by Dr. Walton, and was a masterpiece of composition, interspersed with witticisms and telling points. His recommendations, especially that of making the study of the organon a regular chair in every college before graduation, and not cause it to be an adjunct simply, and then give post-graduate lectures upon that subject, was applauded to the echo. So also was his arraignment of the three repetitions of the single course of lectures, and calling it a three years course. He likened it to seminary and college work, where the student, three years in succession, continues in the same text-book.

Drs. Sanders, Moore, and Allen were appointed a committee to consider the recommendations continued in the address.

The Bureau of Materia Medica was then called, and its chairman, Dr. H. C. Allen, of Ann Arbor, opened with the statement that the bureau subject of last year had been continued, to wit, "Magnesia phos." Drs. Fahnestock and Lounsbury assisted him in disposing of

this bureau. Dr. Gann also contributed of his experience to the bureau. Drs. Baldwin and Edgar closed the bureau.

The Bureau of Paedology was at this point substituted on the programme for the clinical medicine, and Dr. Wm. Owens, sr., made temporary chairman. Dr. C. D. Crank, of Cincinnati, followed with "Etiology and Pathology of Post-Scarlatinal Nephritis." The paper was discussed by Drs. Owens, Allen, Webster, Beebe, Gann, Brenizer, Fahnestock, Morden, and Parmalee, the opinion being about divided as to the time of onset, one party claiming to have had cases setting in at the conclusion of the fever, the other that it followed only after desquamation set in.

The "Therapeutics of Post Scarlatinal Nephritis," by Dr. Owens, elicited some objections by Dr. Allen, who asserted that there were other remedies having smoky urine besides carbolic acid, and instanced terebinth. Dr. Parmalee's statement that carbolic acid as a new remedy was not borne out by the fact, inasmuch as a Dr. Beebe, of Chicago, has employed it many years ago. He was corrected by several members because that which Dr. Beebe used was not similar, though chemically very nearly like. Dr. Rosenburger stated that in two epidemics of scarlet-fever in his locality he had had most excellent success with jaborandi in drop doses of the tincture.

Dr. Alice M. Tracy presented a paper on "Food for Infants." Dr. Lovett, of Eaton, condemned the use of cane sugar in the preparation of artificial food, recommending as a substitute the use of milk sugar.

Dr. T. C. Duncan, of Chicago, had sent in a paper on "Hints on Paedology," which was accepted and referred to the Publication Committee under the rules.

The Bureau of Clinical Medicine was then called, and Dr. O. A. Palmer made a temporary chairman. Dr. C. O. Munus opened with a paper on Salol and Passiflora incarnata, recommending throughout some rather heroic dosage. Dr. Allen stated that Dr. Winterburn, of New York, had given us a good homeopathic proving of the remedy last spoken of. "A case cured by lachesis" was described by Dr. Fahnestock, and was somewhat opposed as to the diagnosis of valvular difficulty of the heart by Dr. Parmalee, who contended that disease of the heart could not be determined by symptoms: that it depended upon auscultation and percussion. The opinion however ultimately prevailed that Dr. Fahnestock's case was an excellent cure, whether it be heart complication or other trouble. During the discussion something was said about the potency of lachesis. As every homœopath knows this remedy had a very limited basis of original supply, Dr. Walton affirmed that some fifteen years ago he had procured a graft of the 30th, and had since that time simply replenished the vial with alcohol, and that the power of the remedy was as good to-day as at any former time.

An association paper from the Montgomery Co. Society on "Puerperal Fever" was presented and read by Dr. Reed, Drs. Owens, Outland, Fahnestock, Parmalee, and Webster followed with discussion.

Dr. Kraft, of Sylvania, then read his "Vaccination Vagaries" in which he sought to show that the ivory point in vaccination was every whit as dangerous to the individual as the old scab method. He had used malandrinum in his own and several of his patients' families, and had confidence in its prophylactic value. Drs. Palmer, Allen, Brenizer, and Edgar had had equally bad effects from vaccinations. The paper

of Dr. H. W. Cateron, "Rupture of the diaphragm and intestines," in the absence of the author, was read by title and accepted.

The only paper in the Bureau of Anatomy, Physiology, and Pathology was that of the chairman, Dr. Pomeroy, who, although absent, was permitted to have his paper on "Infant Diet" read by Dr. Martin.

At nine o'clock P. M., between one hundred and fifty and two hundred persons sat down to a banquet provided by the Cincinnati brethren at the Gibson House—a banquet which forever dispelled the illusion that a banquet meant a cold or an indifferent collation of broken meats. The service was excellent. The material part of the exercise was in fine taste, the decorations tasteful, and the toasts apropos and responded to with vigor.

The toastmaster, Dr. C. D. Crank, was in his element, his introductions of the toasts and speakers scintillating with wit and good humor. His hits were palpable. "Our State Society" was responded to by the president in the following words, which was frequently interrupted with laughter and applause:

"I am grateful at having been asked to respond to a toast. Without the expectation of speech-making I would have lost that gentle impetus to an appetite so well known to all who have come under the benign influence of a toastmaster. The subtle spirit of expectancy which ever hovers over the banquet hall, and rests like the incubus of a nightmare upon the speaker, needs to be felt to be appreciated. I respond to this toast for two reasons: first, that no one else need to respond to it, and to this extent I should be looked upon as a public benefactor; second, because it is one of the perquisites of the president's office, and I had to; to this extent I should be looked upon as a public martyr. To be at once a public benefactor and a martyr is almost too much distinction to be borne by one person, and possibly for this reason many speakers divide the honors and make martyrs of the audience. Our society is an example of organized offensive partisanship. It furnishes us a place where we can conceal our own mistakes and criticise liberally those of the fellow around the corner, and if he doesn't like it he can stay around the corner and be as silent as he pleases. For twenty-five years this state has had an organization known as the Homœopathic Medical Society of Ohio with the avowed purpose of advancing medical science. In years we are the ninth, and in size we are the fifth in the United States. Our meetings are annual as to time and migratory as to place. This society has done much to promote an *esprit ae corps* among the profession, and furnishes us a means of protection against oppressive opposition. It has ever advocated the advancement of medical education and the preservation of public health. Recognizing the intimate relationship ever existing between the physician and the public by elevating and maintaining a high standard for membership among its ranks. It can accomplish by an organized effort more than can be expected to be effected by any individual effort, and it is worthy the support of every unselfish man and woman in the profession. Like the golden orb of day (that sounds like poetry, but it isn't) it shines for all, and no one need stay in the shade from necessity except that one whose practice will not endure the full light of inspection; and if one isolates himself from its membership from choice he should have a better excuse than fear of the rapacious treasurer or a hypercritical estimate of the society usefulness. We look upon the presence of so many members

and friends to-night as a harbinger of a bright future, and we enter upon the second quarter of our century cheered by the assurance of passed efforts well done and with the expectation of a continuous prosperity.

SECOND DAY'S MORNING SESSION.

Dr. Beckwith presented the Necrologist's report, which consisted of the death of two members of the society. Drs. Rosenberg and Barnhill spoke a tribute to the memory of Dr. Oesterlein.

On the opening of the Bureau of Surgery the chairman read a letter from Dr. H. Schneider, of Cleveland, regretting his absence on account of ill health. Also a letter of the like tenor announcing the illness of Dr. M. P. Hunt. The paper of the bureau, if not of the forenoon, was that by Dr. T. C. Martin of the Ohio Penitentiary, entitled, "The Sexual Organs on One Thousand Convicts." It was as novel in its descriptive matter as was the title. In the discussion which ensued, Drs. Beckwith and Pratt paid a glowing tribute to the doctor's work. Dr. C. A. Pauly then presented his paper on "The Rectum as a Disease Center." Drs. Palmer and Sanders discussed the merits of the paper, and measurably coincided with the views advanced by the essayist.

Dr. E. H. Pratt, of Chicago, who had been invited to address the society on "Orificial Surgery," was then re-introduced to the audience, and in a half-hour dissertation described the processes used by him in his specialty, going into the anatomical detail of the parts and interesting his hearers to the last word. He was applauded frequently, and his enthusiasm was so infectious that at the conclusion of his remarks a vote of thanks was tendered him and he was unanimously elected an honorary member. Dr. Palmer then read a paper on "Railroad Surgery," which was well received, and discussed in a temperate manner by Drs. Monroe, Beckwith, and Parmalee, the only difference of opinion being in regard to the administration of alcohol for the shock. Dr. Parmalee cautioned his hearers against a favorable prognosis in cases of beer drinkers. Dr. Owens suggested the substitution of jaborandi in shock and collapse. The paper of the chairman, Dr. Deetrick, was on "A New Method of Amputation of the Ankle Joint," and was corroborated and indorsed by Drs. Palmer and Gann.

Dr. R. B. House, formerly an active member, but by reason of removal out of the State becoming an honorary member, but now again returned to his first love, asked to be reinstated an active member, which was done.

Dr. Orpha D. Baldwin, as chairman of the Bureau of Obstetrics, presented Dr. Wm. Hoyt's paper on "Abortion," but under the rule the paper was read only by title. Dr. Sanders gave his subject as "Posture in Labor," instead of that accredited to him on the programme, and read his paper. Drs. Palmer and Monroe, as well as Dr. Lovett, in some minor matters took issue with the essayist, and in others corroborated the paper. The paper of Dr. Ellen M. Kirk, "The Care of the Lying-in," and of Dr. Van Norman on "Puerperal Fever," were read by title and referred. The chairman's paper on "Diagnosis of Pregnancy," hinged upon the statement that the pulse in the three postures was invariably similar in the pregnant woman up to a certain stage. In this the doctor was criticised by Dr. Crawford, who based his objection on the broad ground of anatomy and physiology, and as contrary to Nature's laws.

Dr. Stella Hunt caused considerable merriment with her paper on "Hysteria," in which she assumed that this was an affection as much of the male sex as of the female, instancing numerous instances to show that her position was correct. She wittily introduced many instances of campaign idiosyncrasies, such as the shouting, howling mob of Indianapolis on the election of Mr. Harrison, the payment of election bets, and other humorous and rather satirical things. Drs. Gann and Sanders supported many of the lady's statements, though Dr. Sanders still adhered to the common notion that it is an affection of the female and of the genetive function, inasmuch in his experience, and doubtlessly of every other physician, it was a fact that hysteria ceased after the conclusion of the climacteric period.

Dr. Buck's paper on "The Relation of Reason to the Sensorium," was in the usual customary manner of this charming essayist. Dr. Pratt attempted to criticise it harshly, but was evidently, as the essayist retorted, on the wrong tack, as the matter sought to be criticised had not occurred in his paper. The chairman's paper on "Sleeplessness" was at his request read in abstract. The Bureau of Gynæcology was placed in charge of Dr. Claypool, who introduced Dr. Chas. Hoyt. This doctor's paper related to "Dry Heat in Cystitis of the Female," in which he took occasion to exhibit an instrument devised by Dr. Phil. Porter, and ascribing to this latter gentleman the merit of the discovery. Dr. Claypool responded that he had himself brought the matter to the attention of the Institute two years ago, and therefore claimed priority of invention. Drs. Claypool and Parmalee then read their respective papers, which without the paper of the bureau chairman were a trifle disjointed.

The Bureau of O. and O. was entered upon, with Dr. Palmer chairman. The paper of Dr. Tipple was read by title and referred. Dr. Palmer's paper on "Sympathetic Ophthalmia" was read, and the bureau closed. The auditing committee reported the correctness of the treasurer's accounts.

Dr. Deetrick asked permission to introduce a volunteer paper, by Dr. Moore, which was permitted.

At this point Dr. Kraft was elected to fill out the unexpired term of Dr. Cleveland on the Bureau of Materia Medica; and Dr. Lounsbury was elected for four years.

Dr. A. L. Monroe was elected an honorary member.

The election of officers then ensued, with the following result:

John A. Gann, M.D., Wooster, President; Orpha D. Baldwin, M.D., Cleveland, First Vice President; C. A. Pauly, M.D., Cincinnati, Second Vice President; Frank Kraft, M.D., Sylvania, Secretary; C. C. True, M.D., Cleveland. Assistant Secretary; H. Pomeroy, M.D., Cleveland, Treasurer; D. H. Beckwith, M.D., Cleveland, Necrologist.

Board of Censors—H. B. Van Norman, M.D., Cleveland, Chairman; H. E. Beebe, M.D., Sidney; J. H. Wilson, M.D., Bellefontaine; Wm. Owens, Sr., M.D., Cincinnati; R. N. Warren, M.D., Wooster; E. R. Eggleston, M.D., Mount Vernon; Flora A. Waddell, M.D., Wanseon.

Cleveland was selected as the place for the next annual meeting of the society, in May, 1890.

Bureau Appointments.

Legislation and Statistics: Wm. Owens, Sr., M.D., Chairman, Cincin-

nati ; J. A. Gann, M.D., Wooster ; H. E. Beebe, M.D., Sidney ; D. H. Beckwith, M.D., Cleveland ; A. Claypool, M.D., Toledo.

Sanitary Science : D. H. Beckwith, M.D., Chairman, Cleveland ; E. R. Eggleston, M.D., Mt. Vernon ; H. E. Beebe, M.D., Sidney ; J. W. Clemmer, M.D., Columbus ; W. A. Geohegan, M.D., Cincinnati ; T. E. Linn, M.D., Cincinnati.

Pædology : M. P. Hunt, M.D., Chairman, Delaware ; C. D. Crank, M.D., Cincinnati ; Alice M. Tracy, M.D., Urbana ; Mary A. Gault, M.D., Cleveland ; Wm. Owens, Sr., Cincinnati ; Martha M. Howells, M.D., Cincinnati.

Clinical Medicine : C. O. Munns, M.D., Chairman, Oxford ; A. A. Lovett, M.D., Eaton ; R. B. House, M.D., Springfield ; Flora A. Waddell, M.D., Wauseon ; B. S. Hunt, M.D., Tawana ; S. F. Edgar, M.D., Zanesville ; N. O. Brenizer, M.D., Prospect ; T. E. Reed, M.D., Middletown ; J. W. Means, M.D., Troy ; Frank Kraft, M.D., Sylvania.

Anatomy, Physiology, and Pathology: A. L. McCormick, M.D., Chairman, Cincinnati ; Wm. Owens, Jr., Cincinnati ; Wm. Gaylord, M.D., Sandusky.

Gynæcology : M. H. Parmalee, Chairman, Toledo; Chas. Hoyt, M.D., Chillicothe ; Albert Claypool, M.D., Toledo ; M. M. Eaton, M.D., Cincinnati ; H. F. Biggar, M.D., Cleveland ; Madge Dixon, M.D., Dayton.

Surgery : G. W. Moore, M.D., Chairman, Springfield ; C. E. Walton, M.D., Cincinnati ; N. Schneider, M.D , Cleveland ; C. A. Pauly, M.D., Cincinnati ; T. C. Martin, M.D., Columbus ; J. Deetrick, M.D., Youngstown ; D. W. Hartshorn, M.D., Cincinnati ; O. A. Palmer, M.D., Warren.

Obstetrics : J. Kent Sanders, M.D., Chairman, Cleveland ; Wm. Hoyt, M.D., Chillicothe ; Ellen M. Kirk, M.D., Cincinnati ; J. C. Sanders, M.D., Cleveland, O. D. Baldwin, M.D., Cleveland ; H. B. Van Norman, M.D., Cleveland.

Nervous Diseases : J. Buck, M.D., Chairman, Cincinnati ; J. P. Hershberger, M.D., Lancaster ; G. M. Ireland, M.D. Jeffersonville ; Lewis Barnes, M.D., Kipton ; Stella Hunt, M.D., Cincinnati ; T. G. Barnhill, M.D., Findlay ; W. C. Hastings, M.D., Van Wert.

Ophthalmology and Otology ; G. C. McDermott, M.D., Chairman, Cincinnati ; R. D. Tipple, M.D., Toledo ; W. A. Phillips, M.D., Cleveland ; H. B. Hills, M.D., Cincinnati ; T. M. Stewart, M.D., Cincinnati ; B. B. Viets, M.D., Cleveland ; F. H. Schell, M.D., Cincinnati.

Delegates.

To the American Institute : M. H. Parmalee, M.D., Toledo, and J. C. Sanders, M.D., of Cleveland. To Michigan State Society : H. S. Allen, M.D., Ann Arbor. To Kentucky : C. E. Walton, M.D., Cincinnati. To Ohio State Sanitary Association : Wm. Webster, M.D., Dayton. Southern Association of Homœopathy : C. E. Walton, M.D., Cincinnati.

Members elected : A. M. Countryman, S. J. D. Meade, C. M. Cooper, Howard B. Hills, Isaac Robb, T. E. Linn, W. R. Amesbury, Geo. B. Ehrmann, Stella Hunt, Wm. A. Geohegan, Cincinnati ; Madge Dixon, Dayton, Jacob Ferris, College Hill, Elwood Holaday, West Elkton, A. S. Rosenberger, Covington, M. Belle Linkmyer, Lackland, Geo. A. Frasch, Metamora, C. A. Howell, Columbus.

THE INSTITUTE MEETING.—LETTER FROM THE PRESIDENT.

MIDDLETOWN, N. Y., April 15, 1889.

To the Members of the American Institute of Homœopathy :

Your President sends you greeting, and wishes you all to remember that the annual session of the Institute will be held at Lake Minnetonka, Minnesota, from the 24th to the 29th of June, 1889. We urge upon every member the duty of attending these annual gatherings of our national organization, and we promise both pleasure and profit to all the members who assemble in June next upon the banks of that beautiful and historic lake—the pride alike of ancient Indian and modern American.

What we need is an earnest, enthusiastic, and rousing gathering of the friends of Homœopathy in order that the dignity of our cause may be enhanced ; in order that the virtues of Homœopathy may be better known and therefore better appreciated ; and in order that the blessings which arise from the methods we have adopted may be as widely disseminated as possible among the people.

We ask all the members in the West to rally at Lake Minnetonka because they may thus demonstrate the value of holding meetings in that locality. We ask all the members in the East to visit the West and show their appreciation of their Western brethren, and of the hospitality and cordial welcome which they will receive in the State of Minnesota. We ask the brethren from the South to go up during the hot month of June from the torrid breath of the Southern slopes to the cool and refreshing breezes of the great North wheat State. We ask the members who dwell upon the Pacific slope to come East and enjoy once more the friendships of former days.

SELDEN H. TALCOTT, President.

The N. Y. Central R. R. have completed arrangements by which a special train will be run from New York to Lake Minnetonka, without change, provided a sufficient number of members will agree to go at the same time. Stops will be made at the principal cities to accommodate members *en route*, as the train proceeds westward, arriving at Lake Minnetonka at 3 P. M., Monday. After the close of the session, round-trip tickets from Minneapolis to the Yellowstone Park and return, 2,166 miles, including sleeping car, dining car, stage coach, and five and one-half day's at Park hotels, for $110. This trip will take about ten days.

H. C. ALLEN, Chairman of R. R. Com.

BOOK REVIEWS.

PHYSIOLOGICAL MATERIA MEDICA. Containing all that is known of the physiological action of our remedies; together with their characteristic indications and pharmacology, by WM. H. BURT, M. D., author of "Characteristic Materia Medica," "Therapeutics of Tuberculosis," "A Monograph on Polyporus Officinalis," etc., etc. Fourth Edition. Chicago: Gross & Delbridge, 1888. Pp. 996.

This excellent work has remained unnoticed in these pages, not from any uncertainty as to its value, nor from a distaste to reviewing its pages, but simply and solely to give the editor ample time to discover

its many beauties, and, if possible, add to the already well-filled laurel-wreath which adorns this work. We have not had on our table, since Farrington's Clinical came, a book more suited to the homœopathic practitioner than this of Burt's. As its title implies, it treats of the remedies in their physiological aspect, as well as from the therapeutical standpoint, so that no cause can be found for refusal to own and consult this work. Its chapter on Pharmacology, its Clinical Index of Diseases; as well as its Materia Medica, make it a most desirable volume to have in the library. To take this book up at random and browse in its pages, independent of any defined purposes, beyond that of reading for knowledge, will interest the reader like a historical work. It is void of the chopped-up, contradictory paragraphs of several of our otherwise excellent text-books, and adds to its other graces that of giving credit for ideas to the several authors. We have thus been deeply interested in Rhus, Belladonna, Phosphorus, Opium, Amyl Nitritum, Aconite, and many others, and have never closed the volume but we felt conscious that some of our reading would "stick" because of its clever presentation. The high and the low can find matter of value in its pages; he who prefers local applications, and he who prescribes on the physiological basis, as well as the dynamist, need not turn from its pages unrequited. Gross & Delbridge issue the work in good substantial shape, and while the volume is somewhat unwieldy it is yet so well bound as not to be cumbersome.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. Edited by Alfred G. Bateman, M.B., and many others. Seventh year. New York: E. B. Treat & Co., 1889. Price, $2.75.

The first part of this work is devoted to the subject of new remedies, which includes not only drugs appearing since issue of former edition, but also all new information added to the materia medica during the past year. There is included in this part an article on massage, which is excellent and worthy of careful study; also an article upon electro-therapeutics. The second part of the volume is arranged in alphabetical form, giving the diseases and every new point in respect to treatment which has been afforded by the literature of the world during the past year; and, as a rule, these brochures are penned by leading authorities. It seems difficult to add to this statement, which we have partly extracted from the preface, and is partly the result of our study of the work. The book is very much in the form of a dictionary, or a cyclopædia, which, while very readable and instructive, is nevertheless "dry" reading, unless opened for a specific purpose. There is to be said that whatever appears under the innumerable captions of diseases is absolutely new, so that the time spent, even in a cursory way, in reading these statements will be found amply repaid by the new knowledge gained. The work is handsomely bound, uniform with the Little Classics series, and its 500 pages are well worth $2.75.

Mellin's Food. In the Clinical Index of Diseases to Burt's "Physiological Materia Medica," under the caption "Cholera Infantum," a number of infant foods are referred to, but no mention is made of Mellin's food. This seems an almost unpardonable omission, inasmuch as this food is as favorably known throughout the country as any

other. It has been severely handled and tested by its competitors and imitators, but to-day it stands, as it has always done, one of the superior infant foods in the world's market.

SCRIBNER'S for April has an excellent descriptive and abundantly illustrated article by DR. THOMAS DWIGHT, of Harvard, on the peculiar "Anatomy of the Contortionist." The peculiar powers of these "Snake-Men" are shown not to be chiefly the result of training, but are possible because of the unusual construction of the skeleton. The illustrations are from photographs of several expert contortionists.

A. L. Chatterton & Co., New York, have just published, "Hay Fever; or, Rhinitis Vaso-Motoria Periodica and its Radical Cure," by E. Lippincott, M.D., Memphis, Tenn. Cloth, $1. Also "Electro-Therapeutics; or, Electricity in its Relation to Medicine and Surgery," by William Harvey King, M.D. Cloth, $2. In the department of special therapeutics, all diseases in which electricity is used are given, including organic and functional nervous diseases; diseases of the eye, ear, throat, and nose; diseases of the heart, lungs, muscles, joints, abdominal viscera, and male genito-urinary organs; diseases of the skin, with a complete description of the diseases of the female organs of generation, including all of Apostoli's discoveries; also a description of all of the operative measures in electro-surgery.

GLOBULES.

—Dr. H. N. Keener has removed to St. Joseph, Mo., and suggests his former locality, Princeton, Ill., as offering a good opening.

—Dr. Phil. Porter has returned from his Southern trip, restored in health, and, as before, hard at work. He has chosen Cincinnati as his permanent residence.

—Dr. N. Schreider, of Cleveland, has been in St. Augustine, Fla., for some time past completely broken down with a stroke of paralysis. Our sincerest sympathy is extended to this able gentleman, and we entertain the hope that he may make an early recovery, and be again restored to us. We need him. Practitioners of his ability are too scarce to admit of the absence of even one such as Schreider.

—RECUMBENT POSITION IN FRACTURED CLAVICLE.—While Sayre's dressing for fractured clavicle is undoubtedly one of the best, yet even that will frequently fail completely to keep the ends of the bone in apposition. A case now in the hospital of fracture of middle third of this bone will illustrate the point. There was the usual tendency of the inner fragment to draw upward. Sayre's dressing applied firmly would overcome the deformity for a time, but any motion of the patient's head would again displace the ends. The only means that would overcome this difficulty was the recumbent posture, head and shoulders low, and head inclined to the injured side; a slight raising of the head and shoulders at the end of four days caused immediate displacement. Three weeks in the mentioned position was necessary before there was firm and perfect union. In such cases a fracture-bed is almost a necessity to allow of frequently bathing the patient.—*P. & S. Invest.*

—E. A. Scott, M.D., Columbus, Kansas, says: "I have a patient, a man who has been constipated four years, has called upon all the physicians in the place, none had benefited him, never having an action upon the bowels oftener than six to eight days. He is now taking the acid mannate, small doses daily, keeping his bowels free. I have a lady patient who is suffering with a uterine trouble and has periodical nervous sick headache (I think solely dependent upon the uterine troubles); she is also constipated. I have given her the same effective remedy, and her headaches are not so frequent or severe."

—The Chicago Sanitarium, situated in one of the most delightful suburbs of that city and near the great lake, is devoted exclusively to the treatment of all diseases of the mind and nervous system. Ample facilities are afforded for the treatment of melancholia, alcoholic and narcotic habits, and nerve disorders depending upon impaired nutrition. The medical management is exclusively under the charge of Dr. J. Lucius Gray, who for many years was associated with the late Professor Jewell. Further particulars are furnished by addressing North Evanston, Ill.

—Cimicifuga for Buzzing in the Ears.—The value of actea was forcibly brought to the attention of the writer in the case of an elderly gentleman seen in the course of his hospital experience several years since. The case presented a number of interesting features, but only one or two need be mentioned here. He suffered from dyspnœa, due to aortic stenosis, which had developed in connection with an attack of rheumatism, and a peculiarity of this case was, that when warmed up in a comfortable room unilateral sweating of the face was noticed. This was not observed on other parts of the body, and the appearance of the face was quite sufficient to attract attention from the most casual observer. Buzzing in the ears was one of the symptoms complained of, and for the general condition cimicifuga was ordered—fifteen drops of the tincture three times daily, and with very good results. Other drugs were used later on, but none of them seemed to answer as well as the first used. About four years ago, a stout woman, aged forty, applied to the writer for relief from shortness of breath, especially noticable when going upstairs. In this instance buzzing in the ears was one of the symptoms, but there was, in addition, cardiac pain, and an examination revealed the presence of an aortic murmur with stenosis. A history of rheumatism was given, the affection manifesting itself from time to time for the preceding fifteen years. Dyspnœa was so great that, in order to be prepared for emergencies, a sofa was placed near the door of the dining-room, leading to the kitchen, the latter being two steps lower than the former. For years this sofa had been in constant use, as the exertion required to get up those two steps caused such distressing symptoms that she fell on the floor, an accident of frequent occurrence. Ten drops of the fluid extract of actea promptly relieved all the most distressing symptoms, but, of course, it could never completely counteract the organic cardiac affection. With attention to diet and exercise, and a continuation of the medicine in decreasing doses, she lived very comfortably for many months, but finally succumbed from prolonged attacks of recurrent rheumatism, which refused to yield to every known method of treatment.—Extract from an O. S. Journal. Who says the O. S. isn't progressing?

—John Wesley as Physician.—It is not, says the London *Hospital*, generally known that John Wesley was something of a physician, though his medical creed is founded more on theology than physiology. In a volume which he published in 1747, and which went through twenty-two editions in forty years, he states his views on the subject. He holds that the great antidote for many diseases is contained in the curse: "In the sweat of thy brow shalt thou eat bread; for the power of exercise, both to preserve and restore health, is greater than can be conceived." He holds, however, that all medical treatment is, or ought to be, empirical, and decries scientific study. The prescriptions he gives are haphazard enough; here are a few examples: For a dropsy, eat a crust of bread every morning or be electrified. For deafness, put a little salt in the ear. For a cancer in the mouth or throat, blow in the ashes of scarlet cloth. For a consumption, eat cow-heel soup, and every morning cut up a turf of fresh earth, and breathe into the hole three-quarters of an hour. And so forth.

—Absolute Signs of Death.—Place a splint on the fore-part of the wrist so as not to impede any current of blood which may be making its way through the radial and ulnar arteries; then tie a fillet firmly round the wrist so as to compress the veins firmly on the back of the wrist. If the veins of the hand, under this test, show no sign of filling, the absence of any vital circulation may be declared certain; while, if they fill, the fact of a certain "low pressure" circulation may be assumed to be present, and therewith an indication of merely suspended life. The second test is called the ammonia-hypodermic test. Inject one hypodermic syringeful of strong solution of ammonia under the skin of the arm or some other convenient portion of the body. If the body be not dead, if there be the faintest circulation, the ammonia will produce on the skin, over the point where it is injected, a bright-red patch, on the surface of which raised red spots will appear; but if there be absolute death, there will be produced a brown dark blotch, which is definitely conclusive against any possible vitality.

—Forms of Paralysis after Typhoid Fever.—In a paper by Dr. Geo. Ross of Montreal, he quotes Nothnagel as saying that from an examination of recorded cases, the following is the order of frequency of these affections: 1. The parts applied by one nerve or branch of a nerve, with special predeliction for the ulnar and peroneal. 2. Paraplegia, generally confined to the lower extremities, but not very infrequently involving an upper extremity—sometimes both arms and legs—sometimes one side more than the other. 3. Less frequently, one extremity, either upper or lower, or two extremities in crossed order. 4. Simple alterations of sensibility; if looked for these will be found very frequently, though not so striking as in the cases with combined paralysis and anæsthesia. They are observed chiefly in the lower extremitles, and especially in the feet.

Post-typhoid paraplegia generally sets in gradually, and disappears gradually, but in rarer cases comes on suddenly, and passes off either suddenly or very quickly.

The true etiology of the paralysis following typhoid fever is very obscure.

OH-DON'T-OLOGY.

Don't eat fish if the water in which it is boiled blackens silver.

Don't ascribe all the symptoms following violent injuries to concussion of the spine.

Don't lose sight of the altruism that a convulsion is only a symptom and not a disease.

Don't forget that cold does not produce consumption, and warmth gives no protection against it.

Don't fail to add a little salt to milk when it is not readily digested, or forms large curds, causing constipation.

Don't let any one tell ghost stories, witch tales, or other horrible things to children. Teach them to be fearless even in the dark.

Don't do anything unseemly ; but common justice dictates that we regard foreign medical diplomas as our diplomas are there regarded.

Don't be too sure about presence of pleuritic fluid : all the physical signs, like the current meteorological signs in dry weather, sometimes fail.

Don't fail to use amyl-nitrite by inhalation to recall a dying person. It will clear up the mind and give a little time to arrange mundane affairs.

Don't overlook a careful examination of the mother's breast if infant has uncontrollable colic. You may find belladonna ointment as the *casus belli*.

Don't diagnose fracture of the base of the skull simply because there is bleeding from the ear after a blow. It may arise from a variety of other causes.

Don't neglect a careful examination of the chest in every case coming before you where there is the slightest suspicion of trouble in that direction.

Don't forget that the fig has more medicinal properties and more nutriment than any other fruit with the exception of the olive : hence its value in constipation.

Don't recommend oatmeal too highly, or indiscriminately. Bartholow says it is very indigestible and frequently gives rise to gastro-intestinal catarrh and constipation.

Don't be unduly influenced, in suspected chest troubles, by all your text-books say concerning landmarks, as the absence of one or more is not a contra-indication.

Don't mistake us. Money is a good servant but a bad master. It will dull the finer instincts of your soul if you deal with a patient solely for the money you hope to make.

Don't get confused : one author says, tie placental end of cord lightly to let blood ooze ; and another, tie it tightly to prevent blood oozing ; in both instances the same result is claimed.

Don't feel disconcerted if paracentesis for pleuritic effusion fails of finding any effusion. It is probably because the fluid is too thick and viscid to run, or portions of the lymph are blocking up the needle.

THE

AMERICAN HOMŒOPATHIST.

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FRANK KRAFT, M.D., EDITOR.

WITH this issue of the AMERICAN HOMŒOPATHIST we present the major part of the address of President Talcott of the AMERICAN INSTITUTE—the lateness of the hour, and the crowded condition of our pages, not permitting of giving the document in its entirety. The well-known felicity of expression of Dr. Talcott had prepared our readers, as it has every audience before whom he has ever appeared, for an address filled with rare good things; and his presidential message was in no sense lacking of his usual vein of word-painting and eloquent periods. Few men, we take it, possess at once the fluency of diction and wealth of metaphor, as well as the element of homely practicability, which so favorably distinguish Dr. Talcott. For details of his address we can do no better than refer the reader to the printed page. His *résumé* of homœopathic progress is clearly enunciated, terse yet explicit, and evidencing great care and much diligent research. His recommendations are such as should meet with prompt and favorable recognition at the hands of the committee. Unfortunately, however, this is not the usual fate of presidential recommendations.

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THERE is too much of the perfunctory performance of a duty apparent, usually, in the work of the Presidential Address Committee. The recommendations, which, oftentimes, have been the result of long study and deep thought, are either passed over entirely or so twisted and warped as to prove practically useless. We recall distinctly the very excellent recommendations put forth by ex-President Runnels, and notably his Organon resolution; also the college requirements of ex-President Orme; and the press reporter of ex-President Cowperthwaite. What became of these several recommendations? The Organon resolution was accepted, its mover thanked, and,—then? How many colleges of to-day have embodied Dr. Runnels's suggestion of Organon-teaching in their curriculum, making it a graduation requirement? Why, with all the grand facilities for teaching homœopathy to-day, should it be necessary to make of the Organon a post-graduate and optional requirement? In this connection the trenchant words of Dr. Walton, retiring president of the Ohio State Homœopathic Medical Society, commend themselves to every lover of homœopathy, and should be graven on the heart of every Institute member:

"The American Institute should go one step further and require the colleges to teach the Organon as they teach the anatomy. Without the truths of the Organon there can be no comprehension, no correct practice, of Homœopathy. One might as well try to learn Mohammedanism without the Koran, or Christianity without the New Testament, as

Homœopathy without the Organon. It scarcely meets the requirements to relegate this instruction to the professor of theory and practice, or trust to the enthusiasm of the professor of materia medica to elaborate and emphasize the teaching of this book. It is worthy the dignity of a special chair, a chair which shall be filled during the regular term and not deferred to the post-graduate course. Is it not, most decidedly, a case of placing the vehicle before the motor, when men are graduated in Homœopathy, and then invited to attend a post-graduate term to be instructed in the Organon, the book which teaches us the fundamental truths of the system?"—*President Walton's Address.*

Why has this ringing criticism become a necessity, after the masterly exposition of the topic by Dr. Runnels? Was the committee sufficiently imbued with the value of the proposition, or did they simply give way to a sentiment and return its approval, without going farther in the direction of making the Organon study an obligatory one on all colleges recognized by the Institute? True, that would bar applicants of the "honorable and educated" type so much harped about by the iconoclasts of the Institute; but would it not make the Institute more homœopathic, and take away from it the stigma of being false to its name? And ex-President's Orme's resolutions—what of them? Buried in the thanks of the committee, and safely embalmed in the ponderous tomes of the Institute!

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EX-PRESIDENT COWPERTHWAITE, being abreast of the times in which we live—himself a practical business man as well as skillful practitioner and teacher—embodied, last year, among many others, a recommendation touching the necessity for a proper official by the Institute, whose duty it should be to attend to the daily press work, so that a correct and intelligible report of our proceedings would each night be wired all over this broad land and be found each morning of the session, through the metropolitan journals of the country, on the breakfast-table of our patients and of the others interested in contemporary events of whatever kind. This was done—or recommended to be done—as he believed, for the purpose of interesting the general public in our work, and causing our deliberations and comings and goings to be noticed and commented on, as was that of the International Medical Congress held at Washington—and as is done of every large representative body of men and women in convention assembled. Can any reasonable mind conceive of a valid objection to a measure so palpably in the interest of the Institute and of each individual member thereof? Yet how fared this suggestion? Slain in the house of the committee—not killed outright (that would possibly have been deemed a discourtesy to the recommender, whom the Institute in general session had already thanked for his work), but so badly maimed and disfigured that the whole purpose of the proposer was rendered nugatory; and a substitute offered and adopted, adding another to the onerous duties of the underpaid General Secretary, with effect practically of gagging the daily press, and making it subservient to the dictation of one man—the General Secretary! The routine established in 1844—in those good old times when daily papers were weekly, and mail facilities kept equal pace with the paper; when telegraphic facilities were in their infancy,—that routine was preferable by far to the rule established

by the presidential committee. This grand body of progressive, scientific physicians, who profess themselves so heartily in accord with the spirit of the times—in so much so, in truth, as to be willing to break down all barriers raised by our immediate predecessors and founders of the Institute against the admission of unhomœopathic applicants—this Institute has shown itself singularly behind the age in thus handicapping the daily press,—a truth which may come home to it ere long.

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IF the live suggestions of living, ambitious, go-ahead presidents find so little or no responsive chord in the breasts of their brethren, is it matter for much wonder that the presidential address is in a fair way to reach the plane of the sweet-girl-graduate's valedictory address? In the one instance, white tie, glacé gloves, and immaculate dress-suit; in the other, blue ribbon, banged hair, and nun's veiling, with the document read a mere adjunct—a minor desideratum. Fortunately, however, thus far the presidential address is set for the very beginning of the session, when the members are still good-humored and in fine spirits, and before Drs. Allen, Dake, and Runnels, have had an opportunity to incite the martial spirit of the Institute; for with the frequent genteel indifference toward the recommendations of the Chair, as evidenced by so many presidential committees, in the Institute and out, the time may not be so very distant when the president will find it expedient to read his address by abstract, or even by title, and let it go into the Transactions. This is wrong—all wrong. No man should be elected to this high and honorable office out of territorial or political reasons solely. The president should not be a figurehead; or if that be the design, relieve him from the drudgery of preparing a document that will not be read when once published, and its recommendations remain unheeded or entirely ignored. The position is one to be filled, as it has fortunately been in the times past—by representative men of our profession—the foremost in the ranks; and when such men consent to give of their time and means to studying up the needs of the Institute, and make propositions looking clearly to the advancement of our interests, let them not be received in silence or in any half-hearted fashion, but respected and honored. The address of President Talcott, with all its sparkling gems and wealth of suggestion, has been read to the Institute, received with *éclat*, and referred to the presidential committee. How will it return?

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A DISTINGUISHING feature of the Institute meeting will probably be the bringing up of the proposed amendment to the by-laws, which makes a confession of faith in homœopathy a compulsory condition of admission to the Institute. It is to be hoped that a goodly contingent of Eastern physicians may be induced to make a pilgrimage to the meeting; if for no other of the many good causes which might move them, then for the sole purpose of making the majority against the amendment something unmistakable, monumental, and final.—*N. E. Med. Gazette.*

Indeed, we also hope "that a goodly contingent of Eastern physicians may be induced to make a pilgrimage to the meeting," but let it not be, as suggested by this clipping, for the purpose of nullifying a

very palpably proper proposition. The pity of it, Iago! That a homœopathic journal, recognized as the organ of a homœopathic school, should give utterance to such counsel! If this opinion be representative, the homœopaths from the West, the South, the North, and elsewhere, are to understand that it is the East which insists upon the perpetuation of this glaring inconsistency? Let the Institute remember this. Let the honest homœopaths remember this. Let the preceptors remember this. If "a confession of faith in homœopathy" in an applicant for membership in a body professedly practicing homœopathy, is so grievous a thing as to call out counsel such as is vouchsafed above, how long will the American Institute of Homœopathy be permitted to continue that obnoxious word "Homœopathy" in its title, or in its by-laws? If the "goodly contingent of Eastern physicians" will be indiscreet enough to make "the majority against the amendment something unmistakable, monumental, and final," pray complete the advice, Bro. *N. E. Med. Gazette*, and have the word "Homœopathy" erased from its title by this same "goodly contingent." Then the charges of *inconsistency* will no longer obtain. Then the homœopaths who believe in homœopathy will know where not to give allegiance. Then the New York *Medical Times* will be the official journal of the American Institute. Then the AMERICAN HOMŒOPATHIST will cease its criticisms.

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AND now cometh President Talcott and sayeth: "How can we expect to improve homœopathic therapeutics unless our members are believers in the law of similars, and are patient and persevering practitioners according to that law? . . . And, yet, faith in the central principle upon which our society is founded should be an essential to membership. . . . While we open wide the doors of admission, and welcome all shades and qualities and degrees of belief in essential doctrines, we should insist upon some plain, practical avowal of faith on the part of those who would join our ranks. . . . Faith in homœopathy should be one of the avowed credentials and requirements of admission to our membership." There, gentlemen of the Presidential Address Committee, that has the ring of honest coin! Will you suffer this suggestion to perish in your hands? Will the "goodly contingent of Eastern physicians" dare strike down this recommendation of an Eastern president?" If so, its death will lie at the door of the East; for every, even the least read, homœopathic journalist knows that the West, the South, and the North are truly homœopathic; the sturdy blows which the practitioners in these comparatively new fields for homœopathy are called upon to give for homœopathic life and supremacy; the constant vigilance which is the price of homœopathic liberty; the love of directness, of plainness, of fair dealing, which characterizes pioneer work, has not given these sections that sense of luxurious ease and indolent security which distinguished Rome in the height of her pomp and power, and which was also the cause of her downfall and eternal undoing. Members of the American Institute of HOMŒOPATHY, the eyes of the homœopathic world are upon you! Let not the gavel descend in adjournment of this forty-second session without decisive action on your part. Homœopathy for Homœopathists! Compel an acknowledgment of belief in the law of similars from every applicant for membership: or else erase the word "Homœopathy" from our title. To this pass it has come at last.

ANNUAL ADDRESS BEFORE THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Selden H. Talcott, M.D.

WHEN Louis XIV. sought to overwhelm the Doge of Genoa, he compelled his appearance before him in the beautiful and wondrous palace of Versailles. The king ordered that the Doge should be conducted from one chamber to another, and through a succession of richly decorated halls and corridors, until, at last, he stood before the throne, and in the presence of the most extravagant and luxurious court that reckless royalty had ever produced in Europe. Louis then asked his famous prisoner what it was that most astonished him in that regal presence ; and the grave philosopher replied : "That which astonishes me most is to see myself here." As I come into the august presence of the American Institute of Homœopathy, and accept, through your kindly suffrages, the duties and responsibilities of the presidential office, I feel like saying with the Doge of Genoa : "That which astonishes me most is to see myself here." And my astonishment increases when I contemplate the names of those who in the past have occupied this exalted and honorable position. We remember such heroes of the First Empire as Constantine Hering, and Flagg, and Kirby, and McManus, and Williamson, and Bayard, and Gray ; and such soldiers of a later date as D. S. Smith, and Helmuth, and Ludlam, and Beckwith, and Talbot ; and that sweet Melancthon of individual liberty of thought, that Nestor of harmonious and energetic action, the lamented and ever-revered Carroll Dunham. And in a still more recent galaxy we count the names of Holcombe, and Youlin, and Wesselhoeft, and Wilson, and Dowling, and Breyfogle, and James, and T. F. Allen, and Runnels, and Orme, and Cowperthwaite. And still again, we cannot refrain from remembering those friends who have been competitors in the past, and who will be successful and triumphant leaders and standard-bearers in the future. Their names will not always be "writ in water," like that of Shelley, but they will be engrossed upon the pages of medical history as your votes shall accord to them the honors which they have justly earned.

It is my duty, according to the by-laws, to deliver the annual address before this Institute ; it is also my duty to make such suggestions as may be deemed beneficial to, or promotive of, the interests of this organization, as well as to discuss any subject which may have a bearing upon the general welfare of medical science.

PROGRESS OF HOMŒOPATHY.

The undercurrents of progress are not always apparent to the casual observer ; but they are, after all, the mightiest motors in human experi-

ence. We see the foaming crest of the wave, and we note its active and angry motion; but the vast volume of the waters beneath make no demonstration of their gigantic power, until they seize the mighty vessel and either dash it against the rocks or impel it onward by subtle and suggestive forces into safe harbor. The rapidly moving crest of the wave breaks harmlessly over the decks, while the undercurrents, like the fabled monster beneath the islands of the Mediterranean, accomplish the mighty impulsions or inflict the relentless damages. It is, indeed, the long roll of the ocean that is possessed with tremendous power, while the noisy and foaming white-caps are harmless and impotent as the rustling leaves of Vallombrosa.

So in the world of human thought, and human experience, and human action; it is not the frothing foam of turbulent agitation, or the blare of noisy dissension, that accomplishes either the destruction of an enemy, or impels the progress of society. It is the undercurrent of human activity that finally demonstrates its overwhelming power, and its measureless influence. . . .

As evidence of steady and sure progress in England, we present a few facts from Dr. Hayward of Liverpool: "The Medical Directory will now mention our appointments at our hospitals and dispensaries. Perhaps this concession has resulted from the threat of the late Dr. Alfred Drysdale to institute legal proceedings against the editor if they were refused. Another sign of improvement is that any member of the profession whose sense of honesty and justice is sufficiently elastic to allow him to be a homœopathic practitioner without admitting that he is so, though looked upon with coldness and quietly cold-shouldered, is not ostentatiously persecuted. Indeed, it is now paraded as a mark of the liberality of the profession that a practitioner may be what he will, and practice what he likes, if he will not say that he is a homœopath, or practices homœopathically. The appropriation of the medicines and methods of homœopathy goes on rapidly under the teaching and guidance of the Ringers, Bruntons, Phillipses, etc. The policy appears to be to adopt homœopathy, and practice it, and pretend that this is not the case. Homœopathy is thus leavening the whole lump of the profession, so that in the not far distant future, in this country, the distinction will not be between those who practice allopathically and those who practice homœopathically, but between those who practice homœopathy on principle and intelligently, and those who practice it empirically to please the public.

"Another example of progress is that the examination boards are becoming more tolerant. One of our universities has just accepted for its M.D. degree a thesis on crotalus as a medicine, by one of our colleagues.

"Homœopathic hospitals and dispensaries go on increasing in num-

ber, and they maintain their reputation and serve the public well. Amongst our practitioners themselves the 'Cyclopædia of Drug Pathogenesy' is being increasingly appreciated; and an effort is being made to bring out the therapeutic part of the 'British Repertory'—the therapeutic handbook designed by Dr. Drysdale when he originally projected the Hahnemann 'Materia Medica' and the 'Cypher Repertory.' And Dr. Hayward is preparing a reissue of the throat, nose, and ear chapters of the old 'Cypher Repertory,' using the 'Cyclopædia of Drug Pathogenesy,' and Hahnemann's 'Materia Medica Pura,' as translated by Drs. Dudgeon and Hughes, as the material."

In France the homœopathic hospitals are being sustained and strengthened by numerous large and flattering legacies. In Saxony the laity by the thousands are expressing confidence in our system of practice; societies favoring our cause are there being established, and the newspapers of Saxony are publishing good things concerning us in a respectful and admiring manner. During the year a homœopathic hospital has been successfully established in Leipsic.

In Austria the young men in the medical profession are beginning to examine with renewed interest the teachings and tenets of Homœopathy.

In Italy the inhabitants are rebuilding ancient Rome, and likewise accepting with increased willingness the light which shines with growing intensity from the immortal teachings of Samuel Hahnemann. From Russia, Spain, India, and even from the Isles of the Sea, we have encouraging reports relative to the progress of our cause.

Wherever sudden and fatal diseases prevail; wherever the history of medicine shows a record of humiliating failures in the treatment of formidable diseases, there you will find a new and intense thirst for a better knowledge of homœopathic methods of treating and curing the sick.

All hail to these evidences that the undercurrents of enterprising aim and of laudable achievement are moving in the right direction, and impelling onward the good ship, Homœopathy. Hail! and welcome to the new and enthusiastic workers upon her decks! They breed in every land; they join forces with hopeful hearts; and as they sail on before benign breezes, they triumphantly sing, in honor of the founder and the guardian genius of our cause:

> "We are coming, Father Hahnemann,
> Three hundred thousand more."

In this country the progress of homœopathy is more apparent than in any other. Here we have colleges for the education of the young; here we have hospitals and asylums for the treatment of every form of disease, both physical and mental; here we have journals, numerous and active, for the dissemination of homœopathic truth.

In other countries there are some hospitals and dispensaries, but

their number is quite limited, and their resources are generally still more limited; for, as a rule, their funds for maintenance come largely from private charities. In this country we have dispensaries, hospitals, and asylums founded and supported by cities and States. It is almost impossible to over-estimate the value of this public recognition. Our work is stamped by the legislators of some of our commonwealths as genuine, and no "coin of the realm" has a truer ring than that upon which is engraved their appreciation of our work in curing the sick.

In this country experience with homœopathic therapy has been enlarged by the establishment of asylums for the treatment of those afflicted with mental and nervous diseases. In these asylums the application of homœopathic remedies for the cure of insanity is the cardinal and striking feature. The parent institution is located in the progressive, enterprising, broad-minded, enlightened, and liberal state of New York. The asylum at Middletown has flourished for more than fifteen years; and to this day it accomplishes a success which always characterizes a strict application of homœopathic medicines to the treatment and cure of disease.

Massachusetts is establishing within her borders an institution in which homœopathy is developing its astonishing powers. At Ionia, Michigan, is a third asylum under the rule of homœopathists. And now this beautiful and glorious State of Minnesota is establishing at Fergus Falls yet another homœopathic insane asylum. We fervently hope that the members of this Institute will witness, each succeeding year, the birth and healthy growth of at least one institution where those afflicted with mental and nervous diseases may be treated, and cured speedily, and safely, and numerously, in accordance with the principles of homœopathy. And if through the generous beneficence of nature we shall be blessed with twins, or even triplets, we shall accept all such responsibilities with joy and gladness. . . . .

At this point the president paid a glowing tribute to the seniors, as well as to the younger members of the Institute; he recounted the colleges, hospitals, alumni associations of the land, giving material evidence of a very material progress.

SUGGESTIONS.

To the end that our self-styled "regular" brethren may encompass us about and check our alarming progress, a systematic effort is being made throughout the various States to create in each a single board of State medical examiners formed almost invariably upon such a basis as to give the "old school" at least a two-thirds majority; thus established by law in the various States, they are to grant or refuse licenses at will, and their action is final and irrevocable.

We respectfully suggest that each member of the Institute make a careful study of this proposed plan, in order that the dangers threat-

ened may be discovered and understood, and by resolute action averted.

Dr. Talcott at some length discussed the right under the constitution of any State to prescribe rules and enact legislation directed to distinct sects in politics, religion, or medicine; contending that the State may compel every physician to study a certain length of time, and to acquire certain unmooted facts, and, perhaps, mooted theories, before he is allowed to practice medicine. But that having acquired certain undisputed facts, and also a knowledge of disputed theories, and being possessed of a good moral character, he should be permitted to engage in the treatment of the sick in accordance with those methods in which he honestly believes, and upon those plans which by experience he has found to be most successful, but that the State had no right to cause a trial before a prejudiced jury, and such it would surely prove for the homœopaths.

Further, he argued, that under Art. IV., Sec. 1, of the United States Constitution, if a student is successful in passing the examination in one commonwealth, he should be allowed to practice his profession in any State without being re-examined, after his qualifications are proved by the production of a proper certificate.

He recommended the cultivation of specialties, thereby enhancing the value of the several departments of our work, as well as developing and perfecting the materia medica.

The standing resolution, adopted June 7, 1867, touching the discrimination by life insurance companies in favor of practical homœopathists, he recommended to be expunged on the ground that our object should be: "The improvement of homœopathic therapeutics, and all other departments of medical science," and because a medical organization should not lend its influence to any other cause than that of the medical relief of suffering humanity. In the matter of Institute journals he believed in every journal standing or falling upon its merits, and permitting every member of the Institute to take such journals as he pleased.

He deprecated the spirit of quarreling, which sometimes gained the ascendency among medical men. He counseled peace and union of interests, and an avoidance of profitless discussions. He then proceeded:

We offer still another suggestion. As stated in the constitution, the object of this association is "The improvement of homœopathic therapeutics, and all other departments of medical science." How can we expect to improve homœopathic therapeutics unless our members are *believers in the law of similars, and are patient and persevering practitioners according to that law?* In our work as thoughtful and independent physicians, we may monopolize, if we choose, every accessory for the relief and cure of the sick. And yet, *faith in the central prin-*

ciple upon which our society is founded should be an ESSENTIAL *to* MEMBERSHIP.* That faith may be like a grain of mustard seed, exceeding small; and yet it should be a faith that has life; a faith that may grow; a faith that shall swell, and bud, and blossom, and bring rich fruitage under the sunshine of practical experience.

While we open wide the doors of admission, and welcome all shades and qualities and degrees of belief in essential doctrines, we should insist upon some plain, practical avowal of faith on the part of those who would join our ranks. Faith is the great stimulus and incentive and guide to human action. It has been the pillar of smoke by day, and the pillar of fire by night, throughout the toilsome centuries to all workers in the cause of humanity.

Consul Varro, "the noblest Roman of them all," was hailed even in the hour of defeat as a victor by his countrymen, because he never lost faith in the cause of his native land. Washington was faithful to the cause of liberty, and still lives in these centennial days as the benign and blessed Father of His Country. The traitorous Arnold died, and was buried long ago. The faithless Burr is execrated by all true lovers of liberty.

FAITH IN HOMŒOPATHY SHOULD BE ONE OF THE AVOWED CREDENTIALS AND REQUIREMENTS OF ADMISSION TO MEMBERSHIP.*

THE HIGHER DUTIES OF THE PROFESSION.

Under this head the speaker reviewed many instances of antique bigotry and frantic intent to curtail liberty. His citations from history were apropos, and his application of the moral to the subject in hand won him frequent applause.

He agreed with Dr. Helmuth that there should be an everlasting unity of purpose on the part of our profession, viz.: the safe, speedy, and permanent healing of the sick, and the general promotion of health and happiness among the masses. Every doctor should make the cure of the sick the highest and noblest object of his existence. But this unity of purpose, he concluded, cannot be fostered and promoted by any plan of forcing every aspirant to medical honors through some ancient and narrow channel, guarded by the crafty agents of bigotry and intolerance, before he is licensed to practice. The gauntlet of the Indian is not the road to true liberty! He would unite with all medical brethren in earnest efforts to heal disease, and to promote the hygienic and sanitary welfare of the people, but he insisted on a distinctive organization.

Dr. Carroll Dunham, in his famous address on "Liberty of Medical Opinion and Action," delivered in 1870, breathed a spirit of liberality which has been an inspiration to many souls from that day to this.

* Italics and caps ours.—ED.

Great stress has been laid upon some of his sayings in that famous speech. But we should remember that the saintly Dunham not only preached liberty of opinion and action, but he also hedged the society about by certain strict injunctions, and by positive ethical rules. Dr. Dunham never advocated license nor preached iconoclasm. In his address of 1870 he emphatically declared: "It is fitting that our Institute, while it imposes no restrictions upon liberty in the uncertain things in medical belief and practice, should establish positive standards of character, and should hold members to a strict moral accountability. Accordingly, we find that the code of ethics adopted by the American Institute of Homœopathy dwells with solemn emphasis upon the earnestness and devotion that should animate the physician in the study of his profession and the discharge of his duties. It also specifies certain acts as unworthy of the profession."

Here we have the necessary qualities of the physician portrayed and the lines of action plainly marked out. Every true physician should be possessed with a moral sensitiveness that shall exalt the man above and beyond actions that are base and mean, and a devotion to classical study that shall fit him for his exalted work. All this may be accomplished even though the walls of sectarianism remain standing. Unity of schools may be effected only by broader knowledge, and higher purpose, and nobler generosity, and not by seeking to apply the cramping handcuffs of the law. . . . We believe that the duties which rest most solemnly, emphatically, and religiously upon the physician of the present day may be enumerated as follows:

First. Universal unity of purpose in the work of healing the sick.

Second. Universal liberty of opinion and action as an indisputable individual right.

Third. Sectarian cohesiveness and aggressiveness as impulsions to progress.

The first two of the propositions he deemed self-evident; as to the third one he said:

"Sectarianism means cohesiveness; it means active energy; it means courage in cherishing and expressing conscientious convictions. It means enthusiasm; it means faith; it means struggle and battle for the right. The stigma of sectarianism has been feared as a term of ridicule and reproach. That fear should be banished. The time for courageous action has arrived. The time for unfurling the banner of homœopathy and waving it aloft above victorious battle-fields is upon us here and now. The time for insisting upon loyalty to the cause on the part of every member of every homœopathic medical organization is in the ever-living present . . . . We feel sure that it is time to believe something, and to boldly avow that belief. It is better to believe an error and frankly proclaim it, and thus stir up strong emotion and masterly

antagonism, than it is to be hand-washing Uriah Heep, forever cringing before the lash of imperfect, premature, and often unjust public opinion."

Dr. Talcott spoke eloquently of the desire for "More Light" which prevades all ages and nations; he described the struggle for right of conscience.

"In this age," said he, "not only is the conscience free, but the champions of freedom have made new marches, and wrenched the shackles from other ruling forces. That was a red-letter day for freedom when Wilberforce went up to God with eight hundred thousand broken fetters in his hands. That was another red-letter day for freedom when Abraham Lincoln, by a single proclamation, emancipated four millions of slaves. Freedom of conscience and freedom of the hand have been achieved. What we want now is universal freedom of the human brain and the human mind."

The peroration which followed and concluded the address likened the spirit of fidelity and loyalty of the homœopath to homœopathy to that of the sailors on board the *Trenton* off the coast of Samoa, who, believing themselves in imminent danger of death, ran up the Stars and Stripes, while the band played "Hail Columbia!" For shibboleth he gave "Freedom AND Faith, Liberty AND Loyalty, 'now and forever, one and inseparable.'" [Applause.]

THE OPEN COURT.

Several of our est. contemp. have adopted the style of interspersing their "ad" pages with matter that properly belongs to the journal. This is a clever scheme for giving each advertiser an "ad" facing a page of reading matter; but when it comes to binding these journals for permanent place on the shelves, will the subscriber care to fill his library with advertisements which he cannot well eliminate without losing some desirable journal matter? It is, of course, a quarrel between the reader and the advertiser. If the advertiser is to run the journal, the reader will be discountenanced; and if the reader is to be a prime factor, the advertiser will have to be restricted to the advertising pages.

After quoting the scintillating opinion of Judge George C. Barrett, on the duty of a homœopathic physician (evoked by the *New York Medical Times*) the *New England Medical Monthly*, with rare sagacity, says: "That the Judge's opinion confirms that already advocated by the *Monthly* is true, and although the opinion is worthless as far as warning rogues to do right, yet its moral effect cannot fail to be good; but, gentlemen, if you only will let homœopathy *alone*, strictly alone, it will die, and that quickly too." That's the trouble exactly,

Brer. *N. E. Med. Monthly*, you won't let us alone. You keep on stealing our medicines and methods; nay, you even creep into our Institute, get a homœopathic diploma, and use it to blind innocent people; and because you never studied homœopathy except to ridicule it, you bring disgrace on us. It is to such uncanny parties as you pillory that Judge Barrett's "warning to rogues" ought to apply. But it doesn't. Why? Because in the fullness of time he either goes back to his allopathic dejecta, or else he becomes truly converted, and takes up homœopathy in its pure form, practices it, and becomes successful.

Cold drinks, as a rule, increase the feverish condition of the mouth and stomach, and so create thirst. Hot drinks relieve thirst and "cool off" the body when it is in an abnormally heated condition better than ice-cold drinks.

Four or five drops of the tincture of staphysagria, every three or four hours, will cure many cases of impotence.

Wrap the finger thickly in fine-cut chewing-tobacco, and keep saturated for two or three days with the tincture of lobelia in order to abort a felon.

Salol promises wonderful things in the way of a specific in cholera. Who will make the practical test and publish his experiences?

Phytolacca dec., if gathered after a frost and its juice expressed, is claimed to be very efficacious in the treatment for obesity. It may be given in liquid form or in solid extract. Who has had experience with it?

In regard to the objection which has been raised by gentlemen who are interested in the industrial use of electricity, that its use for the execution of criminals would have a depressing effect upon its use for other purposes, says S. S. Wheeler: "I cannot see why this agent should not be as well able to stand the burden of this office as anything else. Rope has been used for hanging men without making us dislike to use it for clothes-lines or window-cords; steel has been used for executions without causing objections to its other uses. Why should this cry be especially reserved for electricity?"

"Intangible, dematerialized substance is, in their (the I. H. A.) theory, more curative than honest, demonstrable substance," so says the *New England Medical Gazette*. Don't understand what makes the telegraph telegraph? Why, look you, now, that's very easily told. Here I have a jar; it is filled with certain fluids; in this I suspend the proper metals; I connect the metals by wires; the wires are caused to traverse other well-understood and definite electrical routine (see any text-books); this generates a certain power whereby the operator may communicate with distant points, or accomplish any other of the

multitude of electrical possibilities of to-day. And that's all there is to it. Have I ever seen the electric fluid? Of course not. Have I ever tasted it? No. Have I ever been knocked endways by its terrific shock? Perhaps. Can I show in the "power" any "honest, demonstrable substance"; any particle of the original zinc or copper, or the fluids or the wires which composed the battery? No. Is there in the electric fluid anything beyond the "intangible, dematerialized substance"? There is not. Do I know what makes it "go"? Not any more than already stated. Then you wont believe there is an electric fluid! MORAL : *verb. sap. sat.*

The medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the report on the mortality and vital statistics of the United States as returned by the eleventh census. The census office, during the month of May this year, issued "physician's registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is hoped that physicians in every part of the country will co-operate with the census office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Those not having received registers can obtain them by sending their name and address to Robert L. Porter, superintendent of census, Washington, D.C. It is promised that all information obtained through this source shall be held strictly confidential.

YELLOWSTONE NATIONAL PARK EXCURSION.—At the close of the Institute session a grand excursion has been arranged by our Minneapolis and St. Paul friends with the Northern Pacific Railroad, whereby the Institute will be taken to Yellowstone Park and return—2,166 miles, including sleeping-car, dining-car, stage-coach, and five and one-half days at Park hotels—for $110. The trip will take about ten days. Here is an opportunity to spend the holiday upon which so many Institute members count when they leave their busy practices. Let us attend to the Institute affairs carefully and conscientiously, and at its conclusion accept of this hospitality and enjoy ourselves, returning home in better spirits and better health for this glimpse of Nature in the West.

PRESIDENT'S ADDRESS.

BY C. E. WALTON, M.D.

President of the Hom. Med. Soc. of Ohio, 1889.

THE emoluments of the President's office consist not alone in the honor and duty of conducting the sessions smoothly through their career, not alone in apportioning the work for the ensuing year, but in the privilege

of voicing, to a certain extent, the sentiments of the society in regard to the purpose of its existence. I thank you, ladies and gentlemen, for the suffrages which a year ago placed me in a position to earn these emoluments as the presiding officer of the Homœopathic Society of the State of Ohio.

"The advancement of medical science" is the avowed object of our organization, according to the first article of our constitution, and the implied object, according to the italicized "*similia similibus curantur*" in Article II., is to look at medical science through homœopathic spectacles. In this case the implied object is the pre-eminent one, for otherwise our organization would be without the slightest foundation upon which to rest.

For twenty-five years we have met as the exponents of a therapeutic law; of a law which we profess to recognize as nature's law, governing the action of drugs for the removal of disease.

For a quarter of a century in the State of Ohio has there been an organization for the promulgation of the truth that similars by similars may be cured; yes, more—are cured.

The believer in this truth no more doubts the existence of this law than he does the existence of the law of gravitation, and he has attained his belief in these laws by an identical course of experimentation and reflection. The action of strychnine upon the organization is no more beyond the pale of law than is the behavior of falling bodies, and one of nature's laws is no more an expression of exact truth than is another.

It is not unusual upon occasions of presidential addresses to do some missionary work in the way of recounting the origin of Homœopathy, but this is more than a "twice-told tale," and its repetition before an assembly of physicians is but a waste of time. It may not be inappropriate, however, to briefly recall the growth of our system of medicine from its introduction in 1825 in New York City by Dr. Gram. A soil suited for the development of advanced liberal ideas in politics and religion has proven no less congenial for the fruition of new medical ideas.

Old medicine and old forms of government are closely allied, bound by the common tie of so-called divine inheritance, and defended by the common bulwark of no-innovation. But where a government of, by, and for the people prevails, there new medicine has found a congenial atmosphere, and the time will come when the medicine for the people shall be demanded by the people, and the subterfuge of partisan examining boards be crushed in the maelstrom of enlightened public opinion. Sixty-four years ago there was but one homœopathic physician in all the length and breadth of these United States; now there are more than twelve thousand.

In 1840 the first medical society was organized; now there are a hundred and forty organizations.

Twenty years ago we had no general hospitals; now we have twenty-eight.

Forty years ago the first special hospital was opened; now there are thirty-three. And during that time forty-three dispensaries have been established and maintained.

In 1852 the first journal was printed; and now it leads the van with twenty-two for its followers.

Forty years ago the first college was opened, and now fifteen shed their effulgence between Massachusetts Bay and the city of the Golden Gate.

What does all this mean?—this wondrous growth in less than man's allotted three-score years and ten? Surely the ostracism and persecution of Hahnemann and his early followers proved to be a powerful impetus to the spread of their newly discovered truth, and an exemplification of the fact that "truth is great and shall prevail."

THE MODERN HOMŒOPATHIC PHYSICIAN.

It is not clear to my mind that the misrepresentations of partisan journalism have not distorted the correct idea of what a homœopathic physician actually is. To remove any error that may have arisen, allow me to predicate that a homœopathic physician is one who is a regular graduate of a legally incorporated college; he believes that the law expressed by "similia similibus curantur" furnishes the surest rule for the selection of drugs in their application to the relief of disease; that the only way to learn the action of drugs upon the human organism is to administer them to persons in health; that the effect of any drug is best observed by administering it singly; that in disease the least amount of a drug necessary to produce the wished-for result is the rational dose. He believes that you can drive a tack with a pile-driver, but it is at the expense of wasted energy; that you cannot drive a pile with a tack-hammer, and the attempt includes both waste of time and energy. He believes that the adaptation of possible means to possible ends is not inappropriate in the practice of scientific medicine, and that the exclusive use of the tack-hammer prescription, or the pile-driver formula, is not essentially characteristic of scientific methods. If he knows less of medicine than his allopathic brother, he is but a poor physician, and if he knows not more he is a very poor homœopath. The more of allopathy he knows the better a homœopath he is, and the more of homœopathy he knows the less of allopathy he will practice. Much has been heard in the last sixty or seventy years of the "regular" and "irregular" doctor. The first prescribes without any rule (except that of imitation), and is consequently *regular;* the second tries to prescribe only by rule, and hence is conspicuously *irregular.*

At the present day we are treated to the paradox of the allopath pre-

scribing by the rule of both homœopathic selection and dose, and he is the irregular ; and the homœopath with his large doses of antifebrin and salol lays himself quite liable to the charge of being regular. Does this mean that the homœopathic lamb is preparing to rise up inside of the allopathic lion, after the manner of the post-historic millennial scheme, or is the Kilkenny-cat style of amalgamation working out another example of the survival of the fittest ?

INFLUENCE OF THE PRESS.

The relation of the secular press to the practice of medicine and surgery is one of prime importance. While it may appear officious at times, and at times bubbles over with the inaccuracies of the immature reporter, experiencing for the first time the novelty of a surgical operation, and who endeavors in the goodness of his heart to repay the courtesy of him who invited him to witness the operation, the fact is patent that the public receives much valuable information, and is becoming better qualified to gauge the qualifications of the practitioner. Owing to the tutelage of the press, scarcely a day passes—certainty not a week—that the busy doctor is not called upon to quiet the fears of those who apprehend "blood-poisoning," a term as valuable to the Liliputian diagnostician as its æsculan relative, "malaria." It is now scarcely possible for the reading laity to submit to the strangling death of its offspring from diphtheritic croup without insisting that the attending physician shall either intube the larynx himself or have it done.

The people are learning that the old fogy who complacently permits nature to take her course is frequently more serviceable to the undertaker than to the community. Nature deprives us of life as easily as she furnishes it, and many times apparently with equally faulty judgment ; but the physician's duty is to oppose one set of laws by another, and thus postpone the inevitable end. The press is doing valuable work by spreading broadcast reliable information in regard to practical means of conserving health, thus fortifying the public against the deficiencies of the unqualified practitioner.

BENEFIT OF SOCIETY MEETINGS.

It may have occurred to some to ask themselves what is the use of attending the meetings of this society, involving, as it does, the loss of at least two whole days of business. We must not measure everything with a pecuniary yard-stick. There are occasions where this gauge, like the law of cure, is utterly inapplicable. There are so many reasons why one should meet with his fellow-practitioner in the discussion of common topics of interest that the negative reasons sink into insignificance.

The text-book essays are largely a thing of the past, or should be, and

the desire for practical articles has become a demand which must be heeded if we expect to have successful meetings.

While it is true that there is nothing new in Homœopathy ; that the lycopodium symptoms of to-day are removed in the same way and just as readily as the lycopodium symptoms of fifty years ago ; that aconite, or belladonna, or any drug will remove its similar symptoms as it has ever done—there is needed repeated verifications of the fact, from diverse sources of testimony, and the society meetings furnish the opportunity for that free exchange of thought and observation which is so conducive to mutual improvement.

One hears occasionally the objection that the society is only of benefit to the college professors, and that the meetings are conducted almost solely in their behalf. This criticism is harsh, and is not borne out by the facts. Of the twenty-four presidents of the society only eight have had college connections, while sixteen have been extra-collegiate. Does this look as though the society is a mere college-advertising medium ?

The fact is the willing workers from ever quarter are ever welcome, and bureau work is open to every member. The bureau appointments are not in any sense exclusive, but simply form a nidus for systematic work, and the chairmen would be only too glad to receive volunteer workers in the various departments.

DUTY OF MEMBERS.

At the risk of being charged with perpetrating a pun, though disclaiming any such intention, I wish to emphasize the opinion that the first duty of a member of this society is to pay his dues, and pay them in advance, as provided in the By-Laws. A candidate for admission subscribes to the belief in similia; he should be compelled to subscribe his belief in the doctrine contained in the text, " Owe no man anything."

It is not an agreeable duty for the president of this society to make the subject of the payment of dues a feature of his address. It is done with the view of relieving my successors from such necessity, and I hope to do it once for all. I wish to say that the man who allows his name to remain on the roll, and to appear in the Transactions annually in the list of members in good standing, and then refuses to pay his dues, is not an honest man. If I were a householder in that man's town, I should exact security for his office-rent before renting to him, and would not be disappointed if he allowed his surety to pay it for him.

Does this language seem strong ? None knows better than the treasurer and secretary how mild it actually is. It is far from pleasant for your officers to advance the money to carry on your affairs, and when calling upon the delinquents for what they owe to be practically told

to go to that place where paper money cannot exist and coin is presumably too hot to be comfortably handled.

That members neglect to pay their dues is not the fault of either the secretary or treasurer. Reminders, both direct and indirect, have not been infrequent, and yet the treasury for 1888-9 is bankrupt.

It is by no means certain that the society did a wise act in reducing the annual dues to two dollars, though the motive was correct. With a paying membership of two hundred a revenue of four hundred dollars would pay all expenses and leave a surplus. One hundred and thirty-three members at three dollars will do the same. As long as we intend to publish our Transactions in good form I believe our expenses can be best met with the annual dues at three dollars. I shall leave it with your committee to decide whether we would better provide for a surplus or a deficit.

NEEDS FOR GROWTH.

There are certain needs for growth in efficiency which the members should heed if this society is to reflect the strength of the profession. Among these the record of cases and post-mortem examinations is of great importance. Much of value to the profession is lost through defective memory and the absence of record. Much that would be corrective of diagnosis is lost through indifference to holding post-mortem examinations. The revelation of the autopsy outweighs the speculations of the diagnostician, and in turn makes his speculations of much more worth.

Again, the public report of failures and mistakes, their causes and results, would be of inestimable benefit. It is an easy matter to report successes, but the interpretation of them is not always the most profitable. There is a certain element of doubt in the testimony establishing a success which a failure or mistake does not possess.

A failure is quite likely to be known by some one else than him who makes it, and peace of mind is not always secured by the flattering hope that we alone are cognizant of our mistakes.

Tell of the herniæ you have hesitated to operate upon until the Angel of Death has removed the patient beyond the surgeon's neglect. Tell of the ear-drums you have failed to puncture in time—of the babies left to turn themselves, and of dislocated joints to jump into place by some autogenetic hocus-pocus.

Verifications of remedies should find a medium of record and distribution in the meetings and publications of the society. Our materia medica is by no means so perfect that there is no further need of improvement, nor so brief that we cannot afford to drop all that is proven worthless. The verification of a single well-marked symptom may be of more value than an elaborate paper on the probable cause of some

disease. Let those who may not have time to prepare formal papers for the society take time to bring, or send, verifications each year ; the publication committee will see that their work is acknowledged.

MEDICAL LEGISLATION.

This society should adopt some definite policy in regard to State legislation. The avowed purpose of improving the status of the medical practitioner will meet with the approval of all schools. Medicine has suffered too much at the hands of incompetent practitioners to require any argument for the need of reform and protection. The fair-minded public will not quietly look on the overthrow or embarrassment of any system of medicine if it is appealed to in the proper way and through the proper channels. Class legislation has justly been unpopular in the United States, where the rights of every one are presumably conserved.

The Pennsylvania Legislature has recently been the theater of a conflict between the "old" and the "new" schools, in which an attempt, on the part of the allopathic physicians, to found a License Trust was defeated by the expressive vote of 132 to 39.

In New York State, where for years separate examining boards for each school of medicine have existed, there is an attempt being made to create a single board for the entire medical profession—consisting of five allopathic physicians, three homœopathic physicians, and one eclectic physician. Now the composition of a conglomerate board, proportioned with some regard to the relative numbers of the three schools, and a provision for the maintenance of the incognito of each applicant, seems to be a fair proposition, but it is at best but a whited sepulcher, with a predilection for concealing homœopathic bones. This provision strikes at the principle of self-government. The State, having incorporated the various colleges as separate bodies, might well presume that they are capable of managing their own affairs, and that the natural competition among the various institutions will insure the most careful preparation of their students. That this is a natural presumption the various steps toward the advancement of medical education taken by the American Institute of Homœopathy will attest.

While it is by no means certain that any examining board will best protect the public from incompetent practitioners, I think it is quite certain that separate boards will best protect the physicians themselves. It seems to me that the scrutiny of the State can be secured by other methods than by the institution of a board of examiners, but if this method is insisted upon this organization should instruct its legislative committee in behalf of separate boards.

The only single board which could be beyond the suspicion of a bias should be composed of equal numbers of allopathic, homœopathic, and

eclectic physicians, and they should confine the examination to anatomy, physiology, pathology, histology, chemistry, surgery, midwifery, and posology—not one word of materia medica or therapeutics. Men who could stand a proper examination in those branches would not be likely to damage an over-confiding public, and that public could be safely left to choose whether it would have its agues cured by quinine or a dilution of common salt.

The society should provide itself with an alert and effective legislative committee; a committee composed of working material and appointed from no geographical considerations; a committee whose duty shall be, if indeed not to originate legislation, at least to protect our interests from adverse legislation. The expenses of this committee should come out of the funds of the society, and not fall upon, as heretofore, the individual members of the committee. It is as necessary an expense as the society printing, and the time might come when it will be productive of infinitely more good.

Let us make peaceful preparation for warful exigencies.

The subject of medical education is one that deeply affects every physician. Scarcely a society meeting is held without something being said, or resolved, upon this topic. While all agree that the very best equipped graduate furnished by our colleges is only fairly prepared for the duties of his calling, and that the poorest graduates are scarcely prepared at all, it is only of late years that efficient steps have been taken to improve the quality of college work. The grade course has been assiduously advertised and as assiduously nullified by the college. Three times one course of lectures is *not* the same as one time three courses of lectures, and the student who is compelled to listen three times to the same set of lectures is not honestly dealt with. The freshman, middle, and senior classes should be separately and progressively instructed. The American Institute has done well to require four years of study and three courses of lectures of not less than six months each before it will recognize the diploma of any college, but it will do better when it has secured for the student an actual graded course after the example of the literary institutions of learning. What would we think of the four classes of these institutions going over the same branch of mathematics year after year? They might indeed be proficient in that one branch, but how ignorant of the others! One term is given to Algebra, another to Geometry, another to the Calculus; Mechanics and Astronomy, as applied mathematics, follow, and in the end the whole subject has been surveyed and grasped according to the capacity of each individual mind. Is our medicine taught so? And shall we ever have the most efficient teaching until it is so taught?

The lecture system of teaching, even though combined with a daily quiz, will not compare with the recitation system in grounding the stu-

dent in the fundamental principles of medical science. It is true that great men are not made by rule, and would be great in spite of deficient instruction, but the average medical student must have his greatness not only thrust upon him but pounded into him systematically or he will fall short of it altogether.

The American Institute should go one step further and require the colleges to teach the Organon as they teach the anatomy. Without the truths of the Organon there can be no comprehension, no correct practice, of Homœopathy. One might as well try to learn Mohammedanism without the Koran, or Christianity without the New Testament, as Homœopathy without the Organon. It scarcely meets the requirements to relegate this instruction to the professor of theory and practice, or trust to the enthusiasm of the professor of materia medica to elaborate and emphasize the teaching of this book. It is worthy the dignity of a special chair, a chair which shall be filled during the regular term and not deferred to the post-graduate course. Is it not, most decidedly, a case of placing the vehicle before the motor, when men are graduated in Homœopathy, and then invited to attend a post-graduate term to be instructed in the Organon, the book which teaches us the fundamental truths of the system?

It is quite possible that the defection in the Monroe County Homœopathic Medical Society, in New York, is largely due to inefficient instruction in the groundwork of Homœopathy. When a portion of a society organized upon the basis of a common belief is led to withdraw from the society, owing to a preponderance of action which controverts that belief, it looks as though some were believing too much or others too little. Is it not just possible that we are having here an exhibition of a conflict between a myopic fanaticism and a pernicious liberality?—an exhibition similar to that among Christians where we see the dipped-or-damned fanaticism of one sect opposed to the free-for-all, go-as-you-please liberality of another, whilst professing a common belief in the same Saviour. Members of the society, my address is before you, another one added to the many gone before, forming a galaxy of good wishes for the prosperity and perpetuity of the Homœopathic Society of the State of Ohio.

CINCINNATI, OHIO.

THE DIAGNOSIS OF PREGNANCY.*

BY ORPHA D. BALDWIN, M.D.

IF it were fashionable for every woman who admits to herself the possibility that impregnation has occurred to immediately seek advice of her physician how best to prepare herself for the new duties and

* Read before Homœopathic Medical Society of Ohio, 1889.

trials which she may meet within the next nine months, undoubtedly we would all become skillful diagnosticians of this condition at a much earlier period after leaving our alma mater than it is possible for the most fortunate of us to do at the present time.

Guernsey says: "The determination of pregnancy at the earliest possible period forms one of the most frequent, difficult, and important problems in the practice of medicine." I have no doubt but that you are all willing to agree with that statement. Certainly I am.

As a rule, however, our patients come to us with a ready-made diagnosis, so that we are relieved of all responsibility in this direction.

This only serves to render us all the more helpless when we are consulted in cases where the patient, her mother, and the grandmothers of the neighborhood have been unable to translate the gestation signals, or failing to find the usual ones, have been unable to furnish a diagnosis.

I have no apology to offer for not presenting an exhaustive paper on the signs of pregnancy that are found in our text-books. You know as much about them as I do, and perhaps more; so why should I say anything about them ?

About a year ago I read, if my memory serves me correctly, in the *Medical Era*, the statement that during gestation the mother's pulse is the same whether she be sitting, reclining, or standing.

Since then I have carefully applied this test not only to cases of suspected pregnancy but to all cases of suppressed menses, and I am about ready to place it second only in value to the fœtal heart-beat.

Why it is so, or how to account for it, I shall not undertake to explain. In no case of suppressed menses produced by overwork, wet feet, mental conditions, or causes other than gestation, has this sign been present. Neither have I found it at the approaching climacteric nor in *all* cases of pregnancy. But I give you the result of my study of this subject with the hope that at our next annual meeting you will be willing to do the same.

In one case of gestation I found it as early as the eighth week, and in two cases before the twelfth week. I saw four cases at the Women's and Children's Dispensary in which gestation had advanced from five to five and a half or six months.

I found in these an absence of the most of the presumptive and probable signs, and could not hear the fœtal heart-beat, but finding this sign I told them what I considered the trouble, and in due time my diagnosis was verified in three cases, and the other case did not report. I have seen fifteen or eighteen cases after the sixth or seventh month, and, as a rule, have found this sign. In the cases where I have failed to get it, I think it has been largely due to my own stupidity in not explaining to the patient what I should want her to do, and then waiting a few minutes before applying the test. I found in these cases the

heart beat exactly the same number of times when sitting and standing, but in the reclining position it varied two or three beats. I think I have found this sign in fully two-thirds of the cases of pregnancy examined.

CLEVELAND, OHIO.

THERAPEUTICS OF POST-SCARLATINAL NEPHRITIS.*

BY WM. OWENS, SR., M.D.

THIS, as the caption suggests, is one of the morbid conditions which frequently follows scarlet fever as a sequel, not an essential of the disease. It is one of the conditions known as acute parenchymatous nephritis (acute Bright's disease). While its etiology is specific, still it is an accident following that specific cause. Unlike some other forms of acute nephritis it rarely, if ever, terminates in chronic "Bright's disease." The problem of this paper is its therapeutic management. Under proper medical and hygienic treatment it should seldom be encountered, and therefore render the necessity for its treatment infrequent.

The sphere of this paper does not permit further reference to this matter. We shall now call your attention to some of the more prominent features of this affection. The first and perhaps the most prominent early symptom observed is the "smoky urine," which seems to be the precursor of all of the after-mischief. All writers mention "smoky urine," but none suggest a remedy. There is but one drug in our materia medica which has that symptom in its pathogenesis. That drug is carbolic acid, a drug not suggested or used by any writer or practitioner so far as we are aware. This is a very common symptom of approaching nephritis, and usually the first to be observed, coming on from the eighth to the twentieth day after the attack of scarlet fever. The following are the leading indications for the use of carbolic acid, and comprise an admirable picture of post-scarlatinal nephritis:

Carbolic acid gives us, first, copious flow of urine followed by diminished flow, passing on to enuresis. You who are familiar with this affection will remember in all cases we have an excessive flow of urine as one of the earliest symptoms of acute nephritis, whichgradually diminishes until it often becomes arrested.

Carbolic acid—Has also the dark green, almost black, urine, or very highly colored bloody and "smoky urine." The urine may be alkaline or slightly acid. We have frontal headache, sensation as if a rubber band were drawn tightly across the forehead and temples,—disinclination for all mental work, pale face, livid countenance, cold, clammy

* Read before Hom. Med. Soc. of Ohio, 1889.

sweat ; loss of appetite ; a desire for whisky or stimulants, and corresponds to the early stages of post-scarlatinal nephritis.

Apis Mellifica--Has many symptoms of a later stage, and by many is regarded as a chief remedy in post-scarlatinal nephritis, when the following conditions are present : Burning pains at the meatus, frequent urging to pass scanty, high-colored, albuminous urine, with local or general œdema, effusion into serous cavities ; the characteristic which indicates this drug is absence of thirst.

Bryonia alba—Is valuable and is chiefly adapted to the later stages, when effusion in the serous cavities has become established.

Senega—Has a few leading indications in the later stages. Urine is albuminous, loaded with mucus, is frothy, separates into strata when cooling, most suitable in effusion into serous cavities.

Terebinthina—Is in our judgment a most valuable drug when the following symptoms are present : Dull, heavy feeling in the head ; headache with fullness ; vertigo, loss of appetite, nausea, sunken eyes with dark rings around them, black spots before the eyes ; heaviness in the region of the kidneys, violent drawing pain in the region of the kidneys,—discharges frequently large quantities of clear, watery urine, followed by scanty urine and many times complete suppression for many hours. The leading characteristic, calling for this drug, is that the "urine has the odor of violets." The urine becomes bloody and scanty, and deposites a substance resembling coffee-grounds.

"*Digitalis purpurea.*"—When there are indications of dropsical effusions in various portions of the body. Head is confused, falls back while sitting ; vertigo, extreme faintness while standing ; pupils dilated and insensible; loss of appetite, nausea, vomiting; much thirst for cold drinks ; faintness and sickness at the stomach, as if one would die ; excessively large discharges of watery urine for several days, followed by diminished discharge and suppression, or urine dribbles away, is turbid, and contains a large amount of solids, pulse slow and intermitting.

Helleborus niger--Has proven very valuable in hydrocephalus, with the following symptoms : Head dull, heavy; vertigo, nausea, vomiting, gloomy, melancholy ; urine profuse, watery, followed by scanty, dark-yellow urine loaded with débris, epithelial cells, and albumen. Urine decomposes rapidly. Suitable for dropsies which come on rapidly.

Kali Bichrom.—May have melancholy, gloomy symptoms, or may be jovial and good-humored, attending these conditions, or may have confusion of thoughts ; vertigo, nausea, even a small amount of water may cause nausea to return. Urine dark brownish or reddish color, loaded with mucus, albumen, tube casts, and epithelium. A valuable drug during the early stages of the affection.

Merc. Corrosivus—Is one of our chief drugs for post-scarlatinal

nephritis, and is suitable for the first and second stages of the disease, and may be used after carbolic acid or kali bichrom. when the quantity of urine is small, loaded with albumen, bloody, black or turbid urine ; pale-brown urine, having cells, tube casts, and much mucus, with grayish sediment.

Arsenicum—Covers a more extensive range of symptoms in post-scarlatinal nephritis than any other drug. In its proving albumen is at all times present, also sediments of various kinds, but chiefly fibrinous and tube casts, epithelium, blood and mucus. This drug is also suitable in a great majority of dropsical affections following scarlet fever, whether in the serous cavities or into cellular tissue. It should be selected with reference to its general characteristics of great restlessness, tossing and changing about seeking relief, changing from place to place, anguish, despair, dread of death and being alone, emaciation, and great prostration.

Scilla Maritima.—Another most valuable drug, and is indicated when there is a tendency to dropsical conditions following scarlet fever or other form of renal disease which may be associated with it. The drugs thus indicated have been our chief reliance in post-scarlatinal nephritis and its dropsical sequela.

We shall not attempt to discuss quite a number of other drugs which have been used in this connection. Among these will be found: Hepar, sul. asclepias, tub. eupatorium, apocynum, aurum, sulp., kali carb., kali phos., kali hydr., spongia, tartar emetic, zinc.

Other means used are the hot-air bath, temp. 120°, bathing with boiled milk and water, a light nutritious diet, chiefly liquids, a warm, well-ventilated room, moderate exercise in-doors, warm and comfortable clothing, and such general management as tends to induce perspiration and maintain it.

CINCINNATI, OHIO.

CASE CURED BY LACHESIS.*

BY J. C. FAHNESTOCK, M.D.

IN making this brief report of a case I do not intend to give you any thing original, but a verification of symptoms found under the provings of lachesis.

I was summoned in haste on the morning of March 4, 1884, to see a little girl aged eight years.

On entering the room I saw the child lying on the bed panting for breath, a blue look in the face, and lips purple.

* Read before the Hom. Med. Soc. of Ohio.

The little girl wanted to be propped up in bed most of the time, and would beg to be fanned.

Unable to lie on her left side, she repeated put her hand up to her neck, which was bared.

I then asked her if she had any pain there. She answered, "No; but I cannot have my collar on or my dress to touch me."

I asked her why, when she hastily made the reply, "It will choke me and I can't breathe."

No appetite, no thirst, unable to sleep owing to this labored breathing.

The heart was throbbing violently against chest wall; a purring sound was heard at each heart-beat. Her mother informed me that she had taken her to a number of physicians, and all of them pronounced it heart disease, and that only temporary relief could be given, and she was liable to die at any moment.

These symptoms had continued from her birth, being better and worse at intervals.

She never could go out and play with other children, and her mother had never sent her to school.

These symptoms being so marked, any homœopathic physician would have at once selected the proper remedy, but her former physicians, being old school, did not know anything of lachesis.

From the above symptoms I gave lachesis, and improvement was marked in twelve hours.

No other remedy was given, and in one year from date she was entirely free from the trouble. Last week I met her on the street, and asked her if she ever had any return of the old trouble, and she answered, No.

PIQUA, O.

APIS IN SEROUS CYSTS.*

By PERCY WILDE, M.D.

THIS cyst is perhaps found in its simplest form as an enlarged Graafian follicle in the ovary. It has a thin wall, and increases in size by the augmentation of its fluid contents. The size obtained by these cysts is enormous, and the only surgical treatment is by the removal of the whole tumor. The operation of ovariotomy has been rendered less dangerous by the skill of modern surgery, but it is an operation always dangerous and not seldom impossible because of the general condition of the patient, and then we have nothing before us but a painful death.

When such tumors are due to unilocular serous cysts, we have a

* Portion of an article in the *London Hom. Review* on the Bath Hospital.

comparatively simple condition as the basis of the whole disease. If we can stop the secretion of fluid in the interior of the cyst, if we can get rid of the fluid already there, the tumor is cured. Tapping does not answer, because the fluid collects again. What we want is a medicine which will check the secretion and cause the absorption of fluid within the walls of a cavity. I think we possess such a medicine in apis.

The first was a patient who, while being treated in the hospital for another complaint, called attention to a swelling over the right ovary which she had noticed, but which did not cause her any great discomfort. There was a good deal of fat over the abdominal walls, and the diagnosis was not very clear, but I pointed out the probability of the existence of ovarian tumor, and intended to keep the case under observation. The patient shortly after left the hospital, and I did not have the opportunity of examining her again until eight months later, when she applied for treatment because the swelling had steadily increased in size, and had now become a cause of trouble to her. She would probably have applied earlier, but suffering from a weak spine, and spending most of her time in the horizontal position, it had reached very large proportions before the discomfort had become very great.

The state of the patient's heart prohibited any surgical interference, and unless relief could be obtained by medicine there was no hope of saving life.

I prescribed apis 3x, five drops three times daily. At the end of the first week there was a decided diminution in the size of the tumor, and by the end of three weeks its existence could not be ascertained by careful examination. This is now over four years ago, and there has not been the slightest return.

The case was undoubtedly one of unilocular serous cyst, and the rapidity of its disappearance was very remarkable.

The second case was a young, healthy, married woman, who applied at the out-patient department on account of a tumor in the abdomen. The appearance she presented was that of a woman in the sixth month of pregnancy. On removing the clothes she showed a well-defined tumor rather to the right of the middle line, presenting distinct fluctuation and "percussion thrill." The abdominal walls being thin it could be easily examined, and the hand being pressed down well on either side it could be manipulated. It felt like a large bag of fluid from six to seven inches in diameter.

She stated that she had first noticed it six months previously, and it had steadily grown larger. She had therefore consulted a local surgeon, who advised her to go to London to have it removed. She consulted me with a view to the avoidance of an operation.

This was clearly a case of unilocular serous cyst, and I gave her apis

3x, as in the last case. At the end of the first week she was sure that the swelling had diminished, and I did not examine it. At the end of the second week she said that it had so much diminished as to cease to trouble her, and after the fourth week she did not return.

This was nearly two years ago, and she recently came to the hospital for a slight ailment, and I had the opportunity of examining her. No trace of the tumor could be found, and she stated that she could not detect its presence after the third week of treatment.

I need hardly say that it is only in ovarian tumors which are serous cysts that we can expect this remedy to produce such satisfactory results.

THE SEXUAL ORGANS OF A THOUSAND CONVICTS.*

By T. C. Martin, M.D.

BEFORE reading my paper I had best tell you how the convict is received. His reception is painfully informal. He is ushered into a large cage, hands and feet more than likely shackled. A guard searches him. Then he is taken to the prison gallery, where he is photographed; next to the barber-shop he goes and has his beard shaved and hair clipped. After this, a bath is thrust upon him; in it he loses his identity. To the clothing department now he is led, and supplied with new shoes, underclothing, and a most becoming suit of clothes. In the order of succession he next visits the hospital. His family medical history is inquired into and a thorough physical examination made. If the interrogation elicits that the man has a history of insanity, consumption, heart disease, and scrofula, we are of the opinion that the "con." is an old-timer and has "done time" before, and that he is now working for favor. The prisoner's heart, lungs, eyes, and reproductive organs are examined, the physique observed, and it is determined whether he is crippled. The medical officer on duty now sends a report of his examination to the warden and suggests what kind of work the man cannot perform. From the hospital the prisoner is marched to the office of the deputy warden. There his work is assigned him, and an examination according to the Bertillion method of identification is made. Finally he visits the chaplain's office, his spiritual beliefs are learned, and the amount of education he has received noted.

It has been my duty to make a physical examination of the arrivals at the State Penitentiary during the past eighteen months. This has given me the opportunity to observe that in stature and body the convict is not up to the average; his conscience is more elastic than his

* Read before Homo. Med. Soc. of Ohio, 1889.

muscle, and his reproductive organs are equally as abnormal as his morals.

In adopting a standard of comparison, the condition and not the size of the organ is considered My observation satisfies me that the voice is a more reliable index to man's sexual development than his physique —the small man with a bass voice has a more complete development than the large man possessing a lighter voice, but Providence makes no discrimination when visiting upon them the surgical diseases peculiar to men.

Early discovering that normal conditions of the sexual apparatus are seldom found among convicts, I was led to investigate, and the result prompts me to present this paper. In preparing these statistics, however, I have classified as diseased conditions only those cases in which the pathological process is pronounced. How the convict's sexuals will compare with those of the man at large I do not know, but leave it to my seniors to judge.

Of the thousand men examined, 787 were diseased.

The following table shows how:

(L. signifies left side, R. right side, and B. both sides.)

Varicocele uncomplicated, L. 192, R. 42, B. 134	368
Varicocele complicated with hypertrophied epididymis, L. 37, R. 19, B. 6.	62
Varicocele complicated with hernia	22
Varicocele complicated with atrophied testicle, L. 9, R. 6	15
Varicocele complicated with hypertrophied testicle, L. 1, R. 1	2
Varicocele accompanying phymoses, L. 4	4
Hypertrophied epididymis uncomplicated, L. 122, R. 26	148
Hypertrophied epididymis attended with hernia, L. 1	1
Hypertrophied epididymis complicated with atrophied testicle, L. 2, R. 2.	4
Hypertrophied epididymis complicated with hypertrophied cord, L. 12, R 7.	19
Hypertrophied epididymis complicated with hematocele, L. 3, R. 6	9
Hypertrophied epididymis complicated with contraction of cord, R. 2	2
Phymoses	32
Hypertrophy of scrotum	28
Monorchides, L. 2, R. 10	12
Hydrocele of scrotum	20
Hydrocele of cord, R. 4	4
Hydrocele of scrotum complicated with atrophied testicle, R 2	2
Hydrocele of scrotum complicated with scrotal hernia	2
Hypospadias	4
Retained testicles (both sides)	3
Eunuch	1
Orchitis	23
Normal conditions	213

Varicocele is represented by 473 men. Nearly every man has a slightly varicosed spermatic vein, but I have estimated only those that are marked. Of these varicoceles, 368 were unattended with other disorders. Some few of them presented themselves wearing trusses, and claimed to be "ruptured bad." One hundred and five varioceles were complicated with other affections. Next to varicocele, hypertrophy of the epididymis has the largest representation, there being 183. Of phymoses there were 36. What I have classified as hypertrophy of the scrotum is a thickened condition of the bag's most dependent part, and

not elongation. This condition I have never heard of or read of. There were 28 of these cases. So far as I can learn, the origin is congenital. Though there are no symptoms of pain or inconvenience, on my calling attention to the condition each man has expressed anxiety to know the tendency, as the hypertrophy is progressive in character. I have never seen this condition manifest in an area to exceed two inches in diameter.

There were twelve cases in which the testicle had descended on but one side, and three cases in which the testicles had not come down on either side. I found 21 of the thousand examined with atrophied testicles. Those of one man, twenty-three years of age, were almost gone, had wasted to the size of a pea, in fact. This fellow had just been received on a charge of rape. He says he wishes he could have been guilty. The convict is an exceedingly unfortunate individual. One of the monorchides contracted the mumps, which involved his only capable testicle. It was removed.

Of the number examined, 433 had had either gonorrhœa or syphilis; 111 had had both.

I have noticed that, without exception, the prisoners sentenced on the charge of rape, sodomy, or incest have an abnormally small sexual development. Of the thousand men examined, 213 were possessed of reproductive organs of faultless construction.

Of the 787 diseased, 664 were cases of affection of either the spermatic cord or testicle. Of these 664, 385, or more than half, were affected on the left side, 139 on the right, and 140 on both sides.

Why this discrimination is made against the left side is a question. It is an accepted anatomical fact that the left spermatic cord is longer than the right. Some surgeons ascribe to this the etiology of varicocele, and sometimes to varicocele the cause of atrophied testicle, and so on throughout the category. It occurred to me that the prevailing cut of the trousers disposed man to dress on the left side, and that the trousers influenced the length of the cord by pressure. It also occurred to me that secondarily this pressure induced some of the conditions above classified. But, upon consulting works on anatomy written more than fifty years ago, years before the present cut in pantaloons was adopted, I find that even then the left testicle hung lower than the right. One of our eminent surgeons advances the idea that this condition of increased length of the left cord over the right is due to pressure of the sigmoid flexure. I was satisfied to accept this explanation until it fell to my lot to examine some Indians. These men were ever strangers to tight-fitting trousers. Yet I believe they have a right to the claim of a sigmoid flexure. In one-half of the number no partiality was shown to either cord, in 25 per cent. the left was the longer, and in the remaining forty the left cord was shorter than the right.

Columbus, Ohio.

BOOK REVIEWS.

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE: Their Etiology, Pathology, and Treatment, including Diseases Resulting Therefrom. By JOSEPH W. HOWE, M.D., late Professor of Clinical Surgery in Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, Visiting Surgeon to Charity and St. Francis Hospitals. Second edition revised. Pages, 300. Price, $2.75. New York, E. B. Treat.

This number forms the tenth of Treat's Medical Classics, and like unto its several predecessors is a choice work for any medical office. As its title implies, it treats on subjects which the great "unlearned" world chooses to ignore, save in the privacy of the chamber, or other less savory retreats. Yet, despite this ignominy, the subjects lie at the source of all life, and the perpetuity of our race depends upon their proper understanding. The letterpress is in the form of a series of lectures delivered in the medical department of the University of New York, on the results of excessive venery, masturbation, and continence. We apprehend that no painstaking practitioner, of whatever school, will have occasion to regret the investment of his money in this volume. Necessarily its contents must be restricted to the medical practice, except in some rare instances, where its perusal might be understood and be beneficial to the sufferers. The topics are handled in language as chaste as possible consonant with absolute plainness; and while the medical treatment is undesirable, viewed from a homœopathic standpoint, still it contains much that will give a clue for proper medication when following the regular. The volume is complete as a book of reference for the student and practitioner of medicine. E. B. Treat, publisher, formerly at 711 Broadway, New York, has removed to Nos. 5 and 13 Cooper Union, New York.

THE REPRODUCTIVE ORGANS, THEIR FUNCTIONS AND DISORDERS IN CHILDHOOD, YOUTH, ADULT AGE, AND ADVANCED LIFE, CONSIDERED IN THEIR PHYSIOLOGICAL, SOCIAL, AND MORAL RELATIONS. By WILLIAM ACTON, M. R. C. S., Late Physician to the Islington Dispensary, and Formerly Externe to the Venereal Hospitals, Paris; Fellow of the Royal Medical and Chirurgical Society, etc., etc. Seventh Edition. Price, $2.00. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia.

As may be naturally inferred, this is a work dealing with an exceedingly delicate topic, but Mr. Acton seems equal to it. He nowhere stints his language, but with the bluntness of an Englishman makes plain everything as he proceeds, and leaves nothing to be inferred. The reader of this book is never left in the dark as to the meaning of any paragraph. His attacks on quackery are excellent. He clearly points out wherein the youth of the land, and his parents, go wrong in hiding the diseases of these organs under a cloak of false modesty, and permitting some advertising quack to ruin both body and purse, when the family physician should be the proper one to remedy these diseases, as he does all others. The intelligent homœopath can readily appreciate the value of the book without becoming muddled in the treatment. For its descriptive work, its clear exposition of the topic, its plain, unmistakable language, we commend it; we take no stock, however, in its treatment, which is of the old school and decidedly old-schooly.

WIT AND HUMOR: THEIR USE AND ABUSE. By WILLIAM MATHEWS, LL.D. 12mo. 400 pages. Postpaid, $1.50. S. C. Griggs & Co., Publishers, Chicago.

By the same author and publishers, WORDS: THEIR USE AND ABUSE. $2.00.

The pleasing style of Dr. Mathews has made his many interesting books a most desirable acquisition to the library table. Who of us younger men have not profited by his sterling advice in getting on in the world? So also these two books, referred to here, are made up of advice, instruction, and anecdote. Neither volume contains a dull page. They range through all literature, selecting the best and most expressive examples in order to illustrate the subject-matter, and carry conviction as few other books are capable of doing. We admire the books and recommend them as clean, good, wholesome, and instructive reading.

BOOKS AND PAMPHLETS RECEIVED.

IS THE AMERICAN HEART WEARING OUT? By J. W. DOWLING, M.D., New York, being a paper read before the New York State Homœopathic Medical Society, Sept. 11, 1888.

FOURTH ANNUAL REPORT OF THE TRUSTEES OF THE WESTBOROUGH INSANE HOSPITAL, for the year ending Sept. 30, 1888.

"College Edition" of "THERAPEUTIC METHODS." By JABEZ P. DAKE, M.D., Nashville, Tenn. Otis Clapp & Son, Boston.

A STUDY OF MAN, AND THE WAY TO HEALTH. By J. D. BUCK, M.D., Cincinnati. Robert Clark & Co., 1889.

NERVOUS EXHAUSTION [NEURASTHENIA]. ITS HYGIENE, CAUSES, SYMPTOMS AND TREATMENT. By GEORGE M. BEARD, A.M., M.D., formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the New York Academy of Medicine, etc. Second edition, revised and enlarged by A. D. ROCKWELL, A.M., M.D., Professor of Electro-Therapeutics in the New York Post Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. E. B. Treat, 771 Broadway, New York. Price, $2.75.

OUR EXCHANGES.

— Glycerine enemata are especially indicated in the constipation of pregnancy, where ordinary water enemata are inconvenient on account of their considerable bulk, which causes discomfort to the woman; and infantile constipation caused by unduly prolonged feeding on milk alone, and associated with fæcal accumulations in, and consecutive distension of, the sigmoid bowel. In cases of the kind, glycerine enemata are very useful on account of their energetic action in the intestinal muscles, and convenient because of their small bulk.—*Arch. of Gyne.*

— BREECH PRESENTATION.—When I am called to a case and find I have a case of breech presentation, I leave the case to pursue a regular

course until the breech is delivered. I then so manipulate the body as to get rotation so as to bring the occiput under the arch of the pubes with the face in the hollow of the sacrum. As soon as the shoulders are delivered, seize the child with the right hand, while an assistant on either side of the mother lifts her on her feet, and at the same time pass the index finger of left hand in the rectum of the mother, and with the finger press the recto-vaginal septum firmly against the head of the child. That will cause strong contraction of the vagina. The woman being on her feet, you get the power of gravity; now carry the body of the child with the hand up to the abdomen of the mother. With the contraction of the vagina the elevating of the child enables the face to sweep the hollow of the sacrum and glide over the perineum. I usually place the second and third fingers of left hand at front of perineum, and as the head sweeps over them I roll the perineum back.

Since adopting the above plan I have never had a failure in delivering promptly, and not a single death. You will find the plan correct in principle and successful in practice. I wonder that it has never been brought out and acted on before this.—C. H. Doss, M.D., *Arch. of Gynecology.*

— Coffee in Typhoid Fever.—Dr. Guillasse, of the French Navy, reports that, in the early stages of the disease, coffee is almost a specific against typhoid fever.

He gives to adults two or three tablespoonfuls of strong black coffee every two hours, alternating with one or two teaspoonfuls of claret or Burgundy wine. The beneficial effect is immediate.

— Helonias and apis, though many others may be indicated, will prove useful in proportion to their similarity to the symptoms presented by the patient.—Dr. Danforth, in *N. A. Jour. of Hom.*

Thanks! We supposed all remedies were useful in that proportion.

— Excess of Fat.—Dr. George Johnson's diet for excess of fat. The patient may eat: Lean mutton and beef, veal, lamb, sweetbread, soups, not thickened, beef tea and broths, poultry, game, fish, cheese, eggs, bread in moderation, greens, spinach, watercress, lettuce, asparagus, celery, radishes, French beans, green peas, Brussels sprouts, cabbage, cauliflower, onions, brocoli, seakale, pickles, jellies, flavored but not sweetened, and fresh fruit in moderation without sugar or cream.

May not eat: Fat bacon and ham, fat of meat, butter, cream sugars, potatoes, carrots, parsnips, beetroot, rice, arrowroot, sago, tapioca, macaroni, vermicelli, semolina, custard, pastry and puddings of all kinds, sweet cakes.

May drink: Tea, coffee, cocoa from nibs, with milk, but without cream or sugar, dry wines of any kind, in moderation, brandy, whisky or gin, in moderation without sugar, light bitter beer, Apollinaris water, soda water, seltzer water.

May not drink: Milk, except sparingly, porter and stout, sweet ales, sweet wines. As a rule, alcoholic liquors should be taken sparingly, and never without food.—*Columbus Med. Journal.*

—Effects of Large and Small Dose.—Belladonna, in common with all other drugs which act through the nervous system, is a good illustration of the opposite effects of small and large doses, the former stimulating, the latter paralyzing it. It is also a good illustration of

the accuracy of *similia similibus curantur*. The transient contraction of the capillary system, followed by prolonged dilatation, full, bounding pulse, increased respiratory movements, and elevation of temperature, furnish a most life-like picture of the acute inflammatory diseases in which belladonna, in our hands, has been an all-sufficient sheet-anchor. Its primary and secondary effects follow so closely upon one another as to constitute inseparable parts of one grand whole, and place its main sphere of usefulness in acute rather than in chronic disease. Studying its physiological action as laid down above, we can readily perceive the reason for every symptom which guides us to its successful use at the bedside. Congestion, with perversion of nerve-force, sums up its action in a nutshell, and explains the wild delirium with perversion of all the special senses, as well as the pain, incoördination of movement and paralytic symptoms. The *raison d'etre* of our old reliable "keynote," "pains come suddenly and leave suddenly," is no longer mysterious, when we reflect that vaso-motor stimulation and paralysis of the muscular coats of the arteries are striving for the mastery in the inflamed tissues. The alternation of blood-pressure is characteristically rapid, and hence the pressure upon the irritable nerves of the part is *suddenly* augmented and *suddenly* decreased. "Backache, worse lying down," ceases to be paradoxical, when we know that the spinal cord and its membranes are congested.—F. F. Laird, M.D., in *The Hahn. Monthly.*

—The Trip to Minnetonka.—There are few sections of our country that afford more real interest to the traveler than that traversed by the Chicago, Minneapolis, and St. Paul line of the Chicago and Northwestern Railway, and there are no lines that afford more genuine comfort than this. Leaving Chicago the line passes northwesterly through northern Illinois and southern Wisconsin, passing Janesville, Madison, Baraboo, Devil's Lake, Elroy, Eau Claire, and numerous other points of interest. The first part of the journey is through a region that has become famous for its agricultural, stock, and dairy products, affording a most interesting epitome of the progress, wealth, and power of the people of this section. Later, the lake regions of western Wisconsin are traversed. The four beautiful lakes at Madison, picturesque Devil's Lake, and the rugged and in many cases sublime scenery of the Wisconsin and Baraboo rivers are passed, affording infinite variety and never-failing attractiveness of scenery. As to equipment, it is perhaps enough to say that no pains have been spared to make it a strictly first-class line. Its complement of dining-cars and day coaches is of the most superior quality and workmanship—ministering to the artistic taste as well as to the comfort and luxury of passengers. Fast vestibuled trains are run through between Chicago, St. Paul, and Minneapolis by this line, connecting in union depots at both points with trains for the short ride to Lake Minnetonka.

St. Nicholas for June fails not of its customary symposium of good things. "The Awful Thing that Tilly Ann Did" is a clever skit from its first line to the close. "The Goblin Storm" is finely done.

The Century Magazine for May (the last number received) has a timely paper on "Samoa." In "The Monasteries of Ireland," on page 114, we find a most excellent bit of engraving and black print: "Father Maurus." It will repay a careful study, and the same may be said of

"The Sower" on page 96. "Tom's Strategy," in negro dialect, is good. Kennan's "Ride Through the Trans-Baikal" is up to his other descriptive papers. If the Czar is reading these serials, as we have been told he is doing, it will not be small wonder if they make not such impression on him as to move him to abolish the barbarity of the Nineteenth Century practiced with his tacit consent. The Lincoln History deals with Vallandigham and the Peace Party.

The Book Buyer, published by the Scribners, is a requisite for every literary table in this country. No man can read all the current literature, and even if he had the time or inclination, it would be exceedingly unprofitable, if not intelligently directed. This *The Book Buyer* essays to do. Each number (it is a monthly) contains an excellent portrait of some prominent author.

Lippincott's Magazine is a very welcome visitant to our sanctum. It is rarely, indeed, that we are so pressed for time during the month as not to find time to read its complete novels, which appear in each issue and are become a distinct feature of this journal. *The Quick or the Dead*, by Amelia Rives, first saw the published light through Lippincott; so also has her more recent work, *The Witness of the Sun*. *Bella-Demonia*, published posthumously—the author having died while the MS. was going through the press—is a highly dramatic novel, and, dealing as it does with Russian police matters, holds the interest of the reader to the last. *A Chain of Errors* deals with scenes of the guillotine period, and becomes startlingly realistic at times. *The Dream of Conquest*, by Lloyd Brice, appearing in the current number, is constructed somewhat after the style of *The Battle of Dorking*, using as its base of supply the Chinese expulsion from the United States and the retaliatory measures adopted by the Chinese Government.

Scribner's Magazine for June contains a paper by C. F. Brackett, on "Electricity in the Service of Man," profusely illustrated from photographs. "Striped Bass Fishing" is in good season for the disciples of Izaak Walton. "Monsieur Nasson" needs to be carefully read to appreciate the delicacy with which this headsman's son's affliction is handled. "Count Leo Tolstoy Twenty Years Ago" continues excellent in its *résumé* of this peculiar reformer.

THE CALIGRAPH.—The Editor of this Journal returns his thanks to the Cincinnati Agency of the Caligraph Writing Machine, for the use of one of its typewriters in the preparation of copy for the Homœopathic Medical Society of Ohio, recently convened at Cincinnati. It is a marvelously safe and rapid machine, and its manifolding abilities are practically limitless. The earlier machines, of which we had the first going west of the Alleghanies, for speed held its own against all competitors; but its construction was flimsy, and much wear broke it down. This has now been entirely remedied, and the Caligraph is a first-rank machine both for durability and speed.

A number of books and minor publications have accumulated on our Review Table, and will be noticed as rapidly and carefully as the reviewers make their returns. No book sent this Journal is ever ignored; it may be temporarily laid aside for better light or further information; but ultimately it will be noticed.

THE

AMERICAN HOMŒOPATHIST.

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FRANK KRAFT, M.D., EDITOR.

BUT, yes, the meetings were legal. Let that be understood. The Institute, mindful of its dereliction in this respect, as formerly charged by a few, gave no opportunity to the seniors or their silver-tongued orators for presenting standing resolutions that would fetch up standing certain of its members. Drs. Dake and Runnels were out-generaled and out-voted. That is to say: The New York *Medical Times*, whose name was not spoken throughout, was nominally dropped from the Institute list. And, yet, it wasn't. Dr. Dillow's motion to compel allegiance to the homœpathic principle—we will not be so Calvinistic at this juncture as to call it a creed—on the part of all journals listed by the Institute, despite its careful wording, was defective in that it gave until September prox. wherein the General Secretary shall ascertain whether the several homœopathic journals bore upon their front the mark of the manhood born of homœopathic parentage or otherwise. The question being raised, it was decided that, inasmuch as the Transactions would be in print and ready for publication before that time, and as laws, even those made by the Institute, are not usually retroactive, the New York *Medical Times* will appear in the Institute list for 1889. At Waukesha it will be the New York *Medical Times'* innings. And the end is not yet. *Mais, oui*, the meetings were legal.

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THIS much belabored and equally much be-d—d journal seems possessed of as much vitality as the traditional feline. Sol *Smith* Russell (accent on the Smith) at a banquet spoke of a farmer who was being continually surprised by the tricks played upon him by his farm hand. When eventually this farm hand hanged himself to a beam in the barn, the farmer greeted the *denouement* with, "Wall, now, I wonder what that fellow will do next." We do not indulge in the hope that this objurgated periodical will ever take itself off in this peculiar fashion, although charged with an offense spoken of in sacred history as cause for such act,—but considering the numerous surprises its votaries and enemies are springing upon the Institute, we are moved to wonder what it will do next. It is certainly getting a splendid advertisment. Pity the journal is so ably edited and conducted, we might else ignore its fusilades, its tendency to epicene-icity, and return it with thanks and flowers and hypocritical professions of carrying all the medical journals we have time to read, and magnanimously forget to pay up our back subscription; but it is a valuable journal and an esteemed contemporary, and one of the very few with moral backbone

enough to fly the flag under which it professedly sails. It has the courage of its convictions.

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COME back to the fold, Mess. les Editeurs; eschew your heresy; restore the adjective to your title; be inconsistent and acknowledge the homœopathic creed to an Institute which does not require such acknowledgment from its actual, living, paid membership, but insists upon it in journals who pay no tribute, financially, to its coffers; who have neither lot, part, nor parcel in the politics of the Institute; who cannot vote or hold offices; who cannot prepare standing resolutions; who cannot refer an innocent and palpably honest communication to the Senate of the United States; but who have their origin, present subsistence, and prospective existence in the private purse of some, possibly, unhomœopathic printer and publisher. But the line must be drawn somewhere. The Institute must be made homœopathic; it must be purified of things that tend to defile its homœopathic ermine. The Institute is very jealous of its homœopathicity. Come back, gentlemen, and appreciate the beauties of harmony and happiness and homœopathy. But, yes, the meetings were legal. Our services with the imperial mace were not called into requisition. The Secretaries, remembering the advice of Washington to Hamilton, having purchased new Waterburies and having at frequent intervals during the sessions compared them, were consequently always on time. The sub-stenographers were given no opportunity to derail the placidity of the meetings by preempting the functions of either the general or provisional. In fine, the meetings were legal, and yet, and yet, the *Times* still waves.

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AS predicted, the presidential recommendations were tastefully garlanded with choicest thanks and carefully filed away in the waste-basket. One more tribute to the indifference of the many to the one, when that one advances progressive ideas. Gone to meet the Organon resolutions of Runnels, the College resolutions of Orme, and the Press Reporter of Cowperthwaite. A few more resolutions deposited in this waste-basket, and that receptacle will contain the best part of the Institute's Transactions. But the meetings were legal. No "staircase" logic was indulged in; no auto-election suffered to be done; no consistency permitted. The "goodly contingent," we regret to chronicle, was there and voted down the resolution to make the Institute, even nominally, homœopathic. How they fought the idea of introducing a homœopathic creed into a homœopathic Institute! Marvellous, indeed, was the *esprit de corps* which in the one breath insisted that the Board of Censors was amply able to control the homœopathicity of the Institute; which believed that no S. O. L. Potter would ever dare apply for membership, afterwards to betray it; which insisted that Dunham said liberty, but really meant license;—and in the next breath demanded that a journal must declare itself in favor of a homœopathic creed; that it must not appear upon the Institute lists unless the "tautological" "redundant" absurdity of *similia similibus curantur* was blown in the bottle and indelibly stamped upon the cork. But, yes, the meeting was legal.

FROM under the avalanche of votes we emerge to remark that had the resolution stopped short at requiring a belief, and not saddled it with the rider "and practitioner of homœopathy;" and if the members who were whetting their battle-axes for the Journal tourney then next in order had not held aloof from voting or taking part in the discussion; and if the novel exposition had not been made of the requirements of an applicant for membership into the Church of God (the MEDICAL profession) instead of into a Church professing Presbyterianism, or Methodism, or Catholicism (the HOMŒOPATHIC branch of the medical profession); and if, in short, the motion to require a belief in homœopathy had not been outvoted—76 to 34—the Institute would to-day present to the old-school profession, and to every other school, as well as to the lover of consistency everywhere, a safe, solid, and unimpregnable front. As it is, the fear of reproach from the "educated and intelligent physician" of the other schools; the affectionate and frequent reference to homœopathy and its purposes in the Constitution and By-laws; and the argus-eyed, but weak-lunged, Board of Censors constitute the homœopathic base of supply of the Institute. State and local homœopathic societies please note and follow copy, beginning with New York. Carry the news to Hahnemann, to Bönninghausen, to Dunham, and to Hering. The AMERICAN HOMŒOPATHIST advocated a principle as clear to a homœopath as the sun at mid-day. It was defeated. We are neither a war-horse nor a Henry Clay; but, like Dr. Geo. Hall, we would rather be right than President. But, yes, the meetings were legal, let that be remembered,—and consistent.

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ASIDE from these few minor essentials of a homœopathic body, the meetings were an abundant success. From the opening address to the closing words the meetings were not only legal, but happy and free of petty wrangles and homœopathy. The bureaus were well attended and much interest manifested. The papers read were learned and will impress the readers of them as they browse in the pages of the "Fiction Number" of the Transactions next October, or in the interleaved-with-old-school-advertisements-but-truly-homœopathic journals prior to the regular publication, that they are extra-scientific and profound. Also that they teem with sparkling gems to be bodily transferred to the Condensed, to Farrington's Clinical, to Allen's Handbook, and other antiquated, creed-upholding books which still unnecessarily litter our shelves, an eye-sore to all scientific and progressive physicians, and only retained because of their indirect connection with the advanced ideas of to-day. No invidious comparisons will be indulged in as to the several bureaus. Their work will speak for itself.

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THE hospitality of the Northwest will pass into an Institute axiom. Minneapolis and St. Paul have outdone every previous effort of the kind. The Institute has not a shade of complaint. The entertainment furnished, the hotel accommodations, the recreations and amusements provided, the banquet and the ball, the rooms and the hall, were masterpieces of fine planning and deft and successful execution. All honor to the profession of Minneapolis and St. Paul, or

St. Paul and Minneapolis. If inconsistency may be laid at the door of the medical session, consistency and absolute honoring of every promise made was the grand, peculiar, and uniform characteristic of the Reception Committee and its co-workers. If only the fish could have been marshalled in proper schools so as to bite greedily, or at least once in a considerable while, when the Lone Fisherman had arisen in the early dawn and sat shivering in the heavy dew, caparisoned with the latest and most improved silver-plated rod and tackle, the cup of happiness would have been filled to overrunning. As it was, we (the plural number, not the editorial we) spent countless moments in the one end of a boat with our scientific apparatus, waiting for a bite, while the accommodating attendant and oarsman, sitting in the other end with improvised primitive fish-pole and antiquated hook and bait, drew in the fish, and we (plural, again) carried them up to the hotel verandah and lied about them.

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THE toast-master was in good voice and fine animal (vegetarian) spirits ; he was in a happy reminiscent mood, and bore his honors with becoming modesty and rare good grace. His speech, which he did not make, was a fine effort, and the stories he would have told about the bull and the meek-eyed kine, the dogs and the poultry, were charmingly apropos. Absalom Talcott held his own at the banquet and elsewhere, showing himself consummate master of fence. Bro. Peck, whose contributions are of such value as to threaten internecine strife between journals for their first possession, had his usual kindly smile, and despite his striking resemblance to Bill Nye, has many rare qualities of head and heart with which the other humorist has never been charged. Runnels, with his Garfield stature and facial resemblance, fought bravely for his standing resolution, but was defeated. Marquis of Salisbury Kinne, of Paterson, one of the best parliamentarians on the Institute floor, ought to be an early President. Parsons, the Helmuth of the West, "brought out" O'Connor, who with silver tongue and charts and drawings showed himself versed in his theme. The Hibernian surgeon, O'Betz, was deadly in earnest in proposing a candidate for the presidency, but neglected to mention his name. Sister Chapman was so fortunate as to escape the lynx-eyed artistic mutilator of the daily press, and is consequently happy. Sister Ripple made her mark—an interrogation mark—on the sessions. The general and provisional secretaries fell early victims to the artistic pencil of the press man, as did also a few other Younger-Brothers-looking doctors.

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TO the couldn't-get-away physicians we have merely to say that they lost the opportunity of their lives in being absent. They will be convinced when we mention as present the names of Comstock, Ludlam, Leavitt, Butler, Grosvenor, Pratt, Dillow, Sawyer, Rush, Kellogg, Allen, Custis, Owens, Talbot, Cowperthwaite, Dake, Paine, Hoyne, Claypool, Holmes, Gatchell, Leonard, Bartlett, Hall, Thomas, Clifford, Walton, Reynolds, Roberts, Baker, many others, and a few Smiths. The feast of scientific reason was complete as the flow of soul was perfect. And 120 applicants for membership! After us, Waukesha.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE Forty-Second Session of the American Institute of Homœopathy was opened at Lake Minnetonka, Minn., at a little after eight o'clock P.M. of Monday, June 24, 1889. Between 100 and 125 homœopathic physicians were met in the ball-room of the Hotel Lafayette, the room assigned for the general sessions, when President Talcott called the Institute to order. In the alcove behind the presidential rostrum were seated Drs. Dake, D. S. Smith, Ludlam, Talbot, and Dowling. Conveniences were at hand for the secretaries and reporters, and the Board of Censors and Treasurer found that their comfort had not been overlooked. After an invocation of Deity by the Rev. Dr. Heath, of St Paul, Dr. J. E. Sawyer, of St. Paul, made the address of welcome.

He said that when it was known in this State that so great a body as the National Institute had decided to come to the shores of the beautiful bywater in the Northland, it was felt that an added impulse had been given to this school of the profession in this State. It would give a standing to the homœopathists of the State that nothing else could have done. This school of the profession was already strong in Minnesota, having more than 150 physicians, schools of homœopathy in the Twin Cities, a school at the State University, and soon to have representation in the management of the Insane Hospital at Fergus Falls. This statement was met with applause. He extended a warm welcome to the Institute. Dr. T. Y. Kinne, the vice-president, of Paterson, N. J., responded to the address of welcome on behalf of the Institute, saying that the Institute was glad to be here. After this came the president's address, which was an eloquent effort, and has already been presented to our readers in the July issue. The address was received with marked applause and a vote of thanks tendered.

The Treasurer, submitted a report, showing that the total receipts, with the balance on hand one year ago, were, $4,295.35. The disbursements have been $3,624,83, leaving on hand of $670.52.

The report of the necrologist showed that fourteen members of the Institute, some of a standing of thirty or forty years and prominent in the profession, have died during the year. The list of the dead were as follows :

Dr. John F. Whittle, Nashua, N. H. ; W. B. Chamberlain, Mass. ; W B. Wood, Penn. ; G. F. Foote, Conn. ; Edw. Reading, Penn. ; W. R. Childs, Penn. ; Wm. Von Gottschalk, R. I. ; O. P. Baer, Ind. ; F. L. Vincent, New York ; J. D. Vail, Penn. ; Wm. Pratt, New York ; L. J. Olmstead, Mo. ; F. S. Fulton, New York ; J. O. Read, New York.

In the presentation of Dr. T. Franklin Smith's report an attempt was made to read the now celebrated opinion of Judge Barrett, but after

permitting the reading for a few paragraphs the Institute refused to listen to it further, and it was ordered stricken from the report.

The general session of Tuesday occupying the entire forenoon was devoted to Bureau addresses, some minor routine business, and reports from the Censors, reporting large accessions to the membership. In the afternoon the Bureau of Psychological Medicine had its sessions, the papers read and discussed being the following: "Prenatal Influences," by Dr. J. D. Buck, Cincinnati; "Climatic Influences," by Helen M. Bingham, Denver; "Drug Action on the Will," Dr. E. O. Kinne, Syracuse; "The Emotions as Affecting the Will, by Dr. Sophia Penfield, Danbury, Conn.; "Mental Training for the Young as Affecting the Will," by Dr. Julia H. Smith, Chicago. In the Section of Ophthalmology, Otology, and Larnygology, papers were read by Dr. Park Lewis, Buffalo; Dr. J. H. Buffam, Chicago; Dr. J. A. Campbell, St. Louis; Dr. A. Norton, New York; Dr. Harold Wilson, Detroit; Dr. Charles Deady, New York; Dr. Sayre Hasbrouck, Providence; Dr. J. M. Schley, New York; Dr. F. F. Casseday, Kansas City, and Dr. H. H. Crippen, of San Diego, Cal. Of whom Drs. Norton and Schley were the only authors present. In the evening the Bureau of Materia Medica held its sessions in the main hall, with Iodine and its Salts as the general Bureau topic. Dr. E. M. Hale was the first essayist, his views being objected to by Dr. H. C. Allen, because Dr. Hale had not adopted the usual homœopathic course of first proving the remedies upon the well. Dr. Owens spoke of the value of the Iodide of Potash as securing the same results claimed by Dr. Hale for the Iodide of Gold. The Mineral Springs containing "Iodine Salts," was read by Dr. W. E. Leonard. "The Therapeutic Range of Iodum," by J. Heber Smith, was read by title, as was also a paper from Dr. S. Lilenthal, on Iodum. Then followed a paper on "General Analysis of Kali Iodatum." Dr. Hayward's paper on "The Materia Medica of the Future" was also read by title. Dr. M. W. Van Denburg's paper, by special permission, was read by Dr. Allen, but proved unsatisfactory. Dr. Allen reported several fine cures with Melilotus Alba, after which the Bureau closed and was followed by the Bureau on Anatomy, Physiology, and Pathology, of which the interesting paper was produced by Dr. J. T. O'Connor, of New York, profusely illustrated by charts and water-color drawings, the topic being, "The Brain Axis; its Structure, Tracts and Connections."

The morning session of Wednesday was taken up with the reports from various committees, on Medical Legislation, Colleges, Pharmacies, etc., while the afternoon was devoted to sectional sessions of Surgery and Pædology, the former presided over by Dr. Parsons, the latter by Dr. Grosvenor. In the evening the Bureau of Obstetrics, Dr. Leavitt as Chairman, held its session, with papers from Drs. Peck, J. B. Gregg Custis, and J. Nicholas Mitchell. "Urinary Retention," by Dr.

Sheldon Leavitt was fine, as also the papers by Drs. Danforth and Higbee, the Bureau closing with a volunteer paper by Dr. Comstock, on "Occipito-posterior Position in Labor."

Thursday's session was well attended from the first opening to the close of general session. In it was discussed the adoption of Dr. H. C. Allen's motion to require a belief in homœopathy and its practice in the applicant for membership.

This was vigorously discussed and opposed by Drs. Orme, Dake, Gatchell, Talbot, Dudley, Comstock, and Couch, on the grounds, principally, that it was an unnecessary return to the illiberal, unscientific spirit of past ages; that homœopathy of the Institute was safe enough, so long as the Board of Censors did its duty. Dr. Allen, the President, and Dr. T. Franklin Smith speaking for the acknowledgment of belief. The motion was voted down. Following this came the motion of Dr. Dillow to require all journals on the Institute list to acknowledge the homœopathic principles, setting the time for return to be made until Sept. 1. This was carried, it being understood that the motion carried with it the defeat of the New York *Medical Times*. When the powder of the conflict had disseminated itself, it was discovered that the *Times* would still be reported, as the Transactions would be in type ready for publication before or about that time. The election of officers ensued with the following result: A. I. Sawyer, of Monroe, Mich., President, C. G. Higbee, of St. Paul, Vice President, with the Treasurer, General, and Provisional Secretaries continuing as before. Waukesha, Wis., was selected as the next meeting place. Clinical Medicine held a session in one of the smaller rooms after dinner, with Dr. Owens as Temporary Chairman, "Iodine in the Treatment of Pneumonia," being the Bureau topic. The evening was filled in with a fine banquet and ball, which kept many of the Institute's prominent members up until the "wee sma' hours ayant the twal."

Friday morning, received the report on the President's address, in general session another big batch of applications, which were received and acted on under a suspension of the rules. Dr. Claypool's Bureau of Gynæcology proved an interesting one, despite the lateness of its sitting, many of our prominent gynæcologists participating in the discussions. The afternoon was given up to Memorial Services and the closing of the session, which was followed by adjournment. At 4:48 P. M., the majority of the attendance took the train and was steamed homeward, bearing with them memories of a meeting never to be forgotten. Between forty and fifty members of the Institute remained to take the Yellowstone trip. Thus ended the Forty-second Session of the American Institute of Homœopathy.

ECHOES FROM MINNETONKA.

Dr. Wm. Owens.—The impression seems to have obtained that chorea is chiefly confined to children and the adolescent. I had one "child" who had had chorea for sixteen years before he died. He died at seventy-two. I have never been able to establish any relation between rheumatism and chorea. I find it to occur in neurotic temperaments, and in delicate sensitive persons. Anything that disturbs the nervous temperament will produce chorea, whether rheumatism, overtaxing in the schools, insufficient and improper clothing, or otherwise.

Dr. H. M. Hobart.—I believe that the remarks of Dr. Reynolds and Dr. Owens as to the origin of chorea point in the right direction; that it is a nervous strain which develops it, and that for that very reason it is so apt to be severe in children in the more refined circles of society. My own experience in asylum work and among the poorer classes convinces me of this fact.

Dr. O. S. Runnels.—I am convinced that many cases of chorea antedate the birth; that the inheritance of the individual has been defrauded. They are not endowed with those forces that every individual born into this world has a right to; that these cases are rather the results of indiscretions on the part of the parents, and because people live on the principle of every man for himself, and have little regard for the progeny—for those who come after them. That has much to do in accounting for these nervous cripples that we are called upon to treat.

Dr. Millie J. Chapman.—I have had patients who were not of the refined class who had chorea severely. I think as stubborn a case of chorea as I have ever had was in a child taken from the poor-house; that certainly could not have proceeded from the influences of refinement and civilization. The children of clergymen and lawyers and such people would have chorea, but in no greater proportion than those children picked up in the courts and alleys and by-ways.

Dr. W. H. Roby.—Dr. Runnels, it seems to me, strikes the key-note to chorea when he charges it to pre-natal influences. But there is another cause as important, and that is the insufficient manner in which little ones are clad in spring and winter. If our children were properly clad to correspond to the weather conditions, we should have far less of this class of diseases. Flannels from head to foot is one of the best treatments.

Dr. Hedges, of Chicago.—I have seven girls to one boy afflicted with chorea. I find it most frequently in the spring of the year.

There is an intimate relation between rheumatism and chorea, but I do not believe that rheumatism is a chief cause of chorea. I have also observed that girls are more liable to have rheumatism than boys.

Dr. J. M. Schley, of New York.—I think the etiology of chorea is still a thing existing in great doubt, especially as to its relation to rheumatism. It is a peculiar fact, when you come to speak of rheumatism, that we find it existing in different degrees and in the ascending scale of intensity as age advances. It is a very rare thing to find a child of seven or eight years affected with rheumatism as an adult is. It is a rare thing indeed to find a child helpless, as we get it in a grown up person. On the other hand, we find it quite frequent that they complain of hurting in the ankles, that may incapacitate them for a day or two; but that is very often followed by severe carditis and endocarditis. Twelve years old is the most susceptible age for girls to have rheumatism. After we get to eighteen the degree of rheumatism falls perceptibly in favor of men.

Dr. Reynolds.—My experience has been such as to lead me to believe that chorea is mainly the product of civilization. We find it chiefly among the better classes. It seems to be either inherited or the product of refinement.

Dr. Claypool extended his holiday beyond the Institute Session, being en route for Spokane Falls—with an operation for lacerated cervix on the way. His trip included the Yellowstone Park, but later than the excursionists; thence to Helena, Montana, Dillon, the North American Reservation, Tacoma, up the sound to Seattle and Victoria, then by rail to Portland along the Columbia river to the Dalles, steamer to San Francisco, then homeward via Salt Lake City, Denver, Kansas City, and Chicago. Time, between two and three months.

Dr. S. H. Talcott.—I believe that we ought to cherish some sort of belief in something, before we enter the Church of Homœopathy. Those who join any Christian church are required to express a belief in Christ before they join the church. They are not permitted to come into the church and then try to get religion. I believe that the candidate for membership should express a belief in the law of similars, and that the acknowledgment of such belief need exercise no restricting or repressing effect upon our work as scientific men and women.

Dr. Albert Claypool, Toledo.—I have had some good results from the use of the curette in uterine hæmorrhage. A lady, married, aged forty, still menstruating, had had two polypi removed at intervals of three years, the last one of which I removed about two years before the operation that I now speak of. I arrived at the conclusion that there was some fungous growth; I tried the homœopathic remedy, but with

out effect. Then I used the tampon, but the blood was so profuse, also containing so much serum, that it wouldn't coagulate; it would soak through rapidly. As soon as I became satisfied of the character of the trouble I applied the loop curette; she was almost exsanguinated when I began. From that which passed after the curetting my diagnosis of a fungous growth proved correct, and what was more satisfactory still, was the fact that the hæmorrhage ceased, and she is now perfectly well. This curetting was done last March.

OCCIPITO-POSTERIOR POSITIONS IN LABOR.*

By T. Griswold Comstock, A.M., M.D., Ph.D.

THE physician who meets in practice a case of labor where the occiput is situated posteriorly, and fails to rotate anteriorly, but instead, is driven downwards, and begins to distend the perinæum, has a matter in hand of very serious import. That such cases do happen occasionally is well known, and the practitioner should be prepared for them. When the obstetrist comes to a lying-in patient, already suffering from the pains of labor, and upon making a digital examination he recognizes a vertex presentation, the head in an oblique position with the small fontanelle left, and large fontanelle right, he feels satisfied that the situation is fair, and is contented to wait and leave the case for the present to Nature; expecting that the forehead will turn backwards into the hollow of the sacrum, and the occiput anteriorly to pass under the symphysis pubis.

In a few cases this normal rotation of the occiput forward fails to take place; but instead it turns backward, and if the practitioner does not recognize it, he will soon perceive from the unusual distress of the patient, and irregular character of the pains, that something is wrong. He notices that the severe pains do no good, but that the progress of the labor is arrested, and the woman exhibits symptoms of exhaustion, and every recurrence of a pain seems to distract her. If he now carefully examines his patient, he finds that the occiput has not turned anteriorly, and the small fontanelle is felt deeply situated posteriorly, the sagittal suture in the antero-posterior direction, the large fontanelle anteriorly, and the forehead under the arch of the pubis. Suppose such a position with strong pains and the perinæum already much distended by the occiput pressing it forward, the medical attendant has then to his great chagrin a veritable case of occipito-posterior position.

Causes for this Abnormality in Rotation.—Several reasons have been given by obstetrists for this anomaly. The most obvious

* Read before the American Institute of Homœopathy, June, 1889, at Lake Minnetonka.

cause is incomplete flexion, so that the forehead is constantly situated too low, as it is a well-known law of the mechanism of labor that the pole of the head which by chance is the lowest will tend to rotate towards the symphysis.

If the flexion of the head is insufficient, we can readily perceive that the frontal extremity of the head-pole will be lowest, and may be abnormally rotated under the pubic arch. Other causes have been given, such as a too capacious pelvis, or the contrary, an abnormally narrow pelvis.

In one case that we met with in practice, of a seven months' child, the head was delivered with the occiput posteriorly. It was a tedious labor, but the child was born alive, without rupturing the perinæum, and this was well accounted for as it was a premature labor and the child small.

Difficulties of the Delivery of the Child in This Position.—First. The mechanism of the labor is exactly antipodal to the normal of a labor where the occiput is delivered anteriorly.

Second. When the occiput does not rotate anteriorly, but is driven down into the cavity of the pelvis, it has to travel more than *three times as far* as when it is anteriorly situated; or, in other words, the occiput has to make a tour of ten inches before reaching the outlet (when anteriorly situated, it has only to travel a little more than three inches) and the whole fœtal ovoid, that measures eleven inches, becomes jammed down into the cavity of the pelvis.

At this critical period of the labor, the power of expulsion of the uterus is materially lost, because the fœtus is in a great measure outside of it, and yet the pains of uterine contraction still continue, exhausting the mother, but not properly assisting in the expulsion of the child.

Fourth. The occiput is not adapted to the hollow of the sacrum, nor can it easily glide over the perinæum; the forehead is not so formed as to easily pass under the pubic arch, so that both in front and behind space is lost.

Fifth. In the mechanism of this "vicious" position, the occiput is at first driven on a "*down-grade*" direction, until it reaches the lower third of the concavity of the sacrum.

When the occiput is at this point, in order to reach the posterior margin of the perinæum agreeably to the laws of physical forces, its direction must change, and it must begin to continuously work "*up-grade*," before the posterior part of the occiput can be forced over the perinæum; and when this occurs the greatly distended perinæum is liable to be almost without exception ruptured. We can readily understand this, because in the position with forehead under the pubic arch, and occiput posteriorly, the force of the uterus will be directed posteriorly, instead of anteriorly, as in occipito-anterior positions, and for this reason,

economy of the uterine forces is wasted, and the strength of the mother soon becomes exhausted.

Lastly. In this position the head cannot be moulded to the pelvic cavity, and it consequently meets with an increased amount of friction to hinder its expulsion, so that the strength of the mother and life of the child are both exposed to great risk, and such a risk soon becomes dangerous in proportion to the delay in the delivery.

As we have before stated (and it is important to bear it in mind) we wish to repeat, that when the child passes the outlet over the perinæum, the latter is certain to be ruptured.

Treatment of Occipito-Posterior Positions.—Have we any resources at hand to assist delivery in such cases?

In answering this important question we must confess that authorities are not united in their recommendations. Authorities upon obstetrics have certainly passed over this subject too lightly, and have not elucidated it as they should. Some writers do not classify this position as even preternatural: they mention it, but do not give to the inexperienced practitioner any conception of its serious nature, and consequent importance.

From our own experience, we unhesitatingly deem it rational and practical to call this position a "vicious" one.

Writers upon midwifery advise us to rectify the position and turn the occiput under the pubis. This is rational advice, but in practice it frequently cannot be effected.

Some advise us to apply forceps, and with the forceps to rotate the occiput under the pubis and then extract the head. Good advice, if we could succeed and restore the child to a normal position, but it cannot be effected.

Others advise us to push the occiput to the front by means of the hand, one blade of the forceps, or by the vectis.

Dr. Parvin says, "Resist the descent of the forehead, and let the occiput alone." He says this is the simplest, safest, and surest manual means to effect anterior rotation.

Angus MacDonald and Charpentier tell us that all attempts to rectify the position by means of forceps or the vectis are dangerous, and the latter authority even thinks that manual efforts are in vain, "and in cases where they appear to succeed, the rotation would have occurred without them."

After all that has been said regarding the difficulties of the occiput when situated posteriorly and apparently fixed, the position is sometimes (after waiting for hours) rectified by Nature, and normal rotation completed, so that the occiput comes under the pubis, and we can then, if necessary, apply forceps and easily deliver the head.

But what shall we do if the head is well down in the cavity, the oc-

ciput posteriorly situated, and the perinæum so distended as to be liable to give way with every fresh pain ?

In this situation we find the woman exhausted, and appealing to us, "to do something" for her relief.

The friends are anxious, and we are asked as to the dangers impending and the probable result.

We are obliged to act ; the forceps are indicated, and we apply them with confidence, hoping to soon relieve the suffering woman.

Let any practitioner try to apply the forceps with the head in this position and he will find a resistant perinæum keeping back the delivery of the occiput, and a forehead impacted under the pubic arch. He soon finds out to his embarrassment that he cannot deliver the head. We have had three such cases in practice, and we could not deliver the head.

When he applies the forceps, will he endeavor to make traction downwards, and release the forehead first by making extension ? or will he raise the handles of the forceps, so as to raise the occiput and bring it over the perinæum ? This last manœuvre, is the correct one, for delivery cannot be accomplished in any other manner.

To deliver the head in this way, is almost impossible, unless the perinæum is ruptured, and when the perinæum gives away a great obstruction is removed and then the head may be drawn through.

The obstetrist, when applying the forceps in such a case, is indeed between Scylla and Charybdis, and he must pilot his vessel so as to avoid shipwreck.

Episiotomy.—In such an extremity, if a cut is made with a sharp knife through the perinæum, the resistance is overcome, and the head may then be extracted.

This little operation, first performed in 1742 by Fielding Ould, is not even mentioned in some excellent works upon midwifery, but it is certainly a very practical resort, although it has been caricatured by the name of the "young practitioner's operation." Be this as it may be, we have never seen it practiced except by old, experienced, and celebrated practitioners, who were authorities in our profession. We first learned the operation from our old teacher, Prof. Braun, in the obstetrical clinic in Vienna.

In some cases of tedious normal labor that we have attended, where the occiput was situated anteriorly, but the perinæum would not yield after applying lard in abundance, and hot cloths frequently repeated to relax it, still the perinæum remained rigid and obstructed the labor, and we were certain that a lacerated perinæum would result, we have in several such instances made this operation, with satisfaction and success. Delivery immediately followed, and we always proceeded to suture the artificial cuts, after delivery of the placentæ.

In the "vicious" position in question, we have not yet tried this operation, but we propose to do so when we unfortunately meet in practice with a new case of this kind.

Rationale for the Operation.—When the perinæum is ruptured, as the consequence of traumatism in tedious labor, we have an irregular tear, a jagged wound, always posteriorly situated, and a wound that heals with difficulty. On the contrary, if we make a section laterally of the rigid perinæum to relieve the strain upon the recto-vaginal septum, we have an *incised* wound, in a place in the perinæum that will heal much more readily than when the wound is posteriorly situated, jagged and irregular, as it is when torn by great tension of a child's head pressing upon it.

We therefore propose in occipito-posterior positions, when the occiput is greatly distending the perinæum, and it proves to be such a great obstruction to the labor as to prevent us from delivering the head, even with the aid of the forceps, to relieve the tension by episiotomy.

The technique of this little operation is as follows: The external skin at the ring of the peritonæum is to be drawn back as much as can be conveniently done under the circumstances, so as to cut the muscular tissues beneath. The point where the section is to be made is about midway in the posterior quadrant of the vulvar circle. An incision is now made from within outward on each side of the commissure, through the constrictor cunni, and transversus perinei muscles, using a probe-pointed bistoury or angulated scissors, making the cut from a half an inch to five-eighths of an inch. In doing this, of course, the ring will be cut a little distance.

After this section is made, we may proceed to extract the fœtus with *straight* forceps, and soon after the delivery of the after-birth we may apply catgut or silkworm-gut sutures to the wounds we have made artificially and they will heal without trouble.

After the sutures have been introduced, non-alcoholic calendula and iodoform dressings, should be applied, agreeably to the rules of surgery, in order to keep the wound aseptic.

The object of this article is to call attention to the importance of diagnosticating this position early in labor, and if the occiput is posteriorly situated and normal rotation fails and the occiput cannot be turned anteriorly, it is then the duty of the medical attendant to call upon a consultant, and one should be selected who is experienced in such cases. If the head is impacted so that it cannot be delivered in this position, and if the fœtus is dead, craniotomy is the remedy, and the operation should be made without any delay.

When the occiput is distending the perinæum greatly, and still the head cannot be delivered without the perinæum ruptures, I have proposed episiotomy to be practiced as an auxiliary measure, and I desire

to hear from those members of the Institute who are experienced in this matter to give their opinion regarding this proposed operation in such an emergency.

When delivery cannot be effected by any means in our power, it is for the practitioner to decide whether he will try and save two lives by resorting to the Cæsarean Section, or sacrifice the life of the child by perforating the child's head and extracting with craniotomy instruments.

St. Louis, Mo.

GENERAL ANALYSIS OF KALI IODATUM.*

By A. C. Cowperthwaite, M.D.

IN studying the general effects of kali iodatum we are struck with their marked resemblance to those of mercury, and consequently also to those of the scrofulous, and especially the syphilitic, miasms. This resemblance to mercury is acknowledged by all students, and the clinical use of the drug to antidote the bad effects of mercurial poisoning is not confined to any school of practice, while its remarkable therapeutic virtues in secondary syphilis, especially after the abuse of mercury or when combined with scrofula, is equally acknowledged by the old and new school of practice. How it is possible to base this clinical use of kali iodatum on any other than the homœopathic principle is more than I am able to determine, nor do I believe that any other theory will bear investigation. My own experience coincides with that of almost all observers in that the drug is seldom, probably never, indicated when the symptoms do not arise in consequence of the presence in the system of either one or more of the mercurial, syphilitic, or scrofulous miasms.

Studying the characteristic effects of the drug in their anatomical order, beginning with the mental sphere, we find sadness and anxiety, head stitches and lancinating pains in the head, over the left eye and in the left temple, and aching in the sinuses and ethmoid cells, the scalp feels sore and painful when scratched, as if ulcerated. The chief clinical use is in catarrhal headaches, particularly over eyes, and root of nose, there being present inflammation of the mucous membranes of the frontal sinuses, nose, eyes, throat, and chest. It has also been used in syphilitic and mercurial headaches, and in hydrocephalus occurring in syphilitic or scrofulous subjects.

Eyes.—The eyes are sunken and surrounded by dark rings, the conjunctivæ are injected, and the vision dim and foggy. Has been used mostly in chemosis ; Iritis syphilitica after the abuses of mercury; Irido-

* American Institute of Homœopathy, 1889.

choroiditis, especially syphilitic, and syphilitic affections of the eye in general.

Ears.—Sticking pains. Crackling, humming, buzzing, and other sounds indicating a catarrhal condition, in which it has been chiefly used.

Nose.—Tearing, throbbing, and burning pains ; violent acrid coryza; sneezing ; fullness or tightness at root of nose. Later there may be a discharge of greenish-black or yellow matter of a foul smell ; or of decomposed greenish-red blood. The chief clinical use is in violent acrid coryza, the acrid discharge being extremely profuse. Also in chronic nasal catarrh in scrofulous or syphilitic subjects, where the ethmoid cells and frontal sinuses are involved, even by laceration, accompanied by agonizing pains in these parts. This has led to the successful use of the drug in hay fever where these symptoms were present. Having also sometimes violent epistaxis after mercury.

Mouth.—Burning vesicles on tips of tongue ; dryness of mouth ; salivation : offensive odor. Has been used for vesicles and ulceration of mucous membrane of mouth and tongue, after mercury or in stomache, and for ptyalism, especially during pregnancy.

Throat.—Sensitive swelling of the thyroid gland ; redness and swelling of soft palate, uvula, and tonsils, making swallowing painful and difficult, œdema, useful in ulceration and follicular inflammation of throat ; chronic pharyngitis ; inflamed and swollen glands ; goitre, when sensitive to contact.

Stomach.—The stomach symptoms are not prominent, there is thirst, nausea and vomiting, which latter accompanied by salivation.

Abdomen.—The only symptom here is a sudden painful bloating of the abdomen, as if it would burst, disappearance after emission of flatus.

Stool.—The last-named symptom is often followed by diarrhœa, but constipation seems to be the most important pathogenetic symptom nevertheless the drug has most often been used in the chronic diarrhœa of syphilitic or mercurial subjects, though it has often been used successfully in obstinate constipation, the stools being hard and scanty. Allen says : "Dysentery, with painful tenesmus, stools of jelly-like mucus."

Urinary Organs.—These symptoms are not prominent. The drug has been mostly used in nephritis, with darting pains in renal region, bruised pain in small of back, chilliness, etc. Hering says : Morbus Brightii with gout or mercurio-syphilis ; granulated kidney."

Male Organs.—No prominent symptoms. Has been used in inflammation of penis, with extensive swelling, and in chronic urethritis with muco-purulent discharge. Also in chancres, especially after the abuse of mercury, and in orchitis and syphilitic ulcers on the scrotum.

Female Organs.—No characteristic symptoms. Has been used chiefly for leucorrhœa, thin, watery, acrid, like washings of meat. Also in uterine fibroids and in subinvolution; in atrophy of the mammæ and tumors of the breast. Frequent urging to urinate before the menses is a clinical symptom that has been repeatedly verified.

Respiratory Organs.—The chief symptom is a raw pain in the larynx as if from granulations. Dry cough mornings and evenings. Short hacking cough from rawness in throat; difficult respiration, especially on waking at night, with loss of voice. Dyspnœa on ascending stairs, with pain in region of heart. Short breath. Copious, green expectoration, like soap-suds. Has been used chiefly in œdema of the larynx, also of the lungs, with pneumonia. In Asthma it is an excellent remedy. Catarrh of the larynx and laryngeal phthisis, when the larynx feels raw as if granulated.

Chest.—Stitching pains predominate, as do they in all the potash salts, being either deep in the middle of the chest, or through sternum to back, or through right lung to nipple, or through right side of chest. Pain in chest, as if cut to pieces. Oppression and uneasiness. Clinical uses: pleuritic effusions; hydrothorax; œdema pulmonum; pneumonia, especially in stage of hepatization. Allen says: "Chronic pneumonia, with catarrhal symptoms in nose and throat.' He also says that "many cases of pneumonia, of pleuritic effusions and of phthisis, have been reported cured by this drug, especially when associated with exhausting night-sweats, salivation, etc.; it is difficult to separate the cases requiring iodine and those requiring kali iod."

Heart.—Palpitation worse while walking. Fluttering. Darting pains when walking. According to Heinz, most useful in valvular defects after repeated endocarditis, especially dilatation of right ventricle.

Neck and Back.—Cervical glands enlarged. Pain in small of back, as if screwed in a vise. Especially useful in glandular swellings about the neck. Goitre, swelling rapidly and sensitive to touch. Rheumatism, of spine and back. Meningeal inflammation after mercury or secondary syphilis.

Limbs.—The pains are mostly tearing, darting, or gnawing, and are always worse at night. Periostitis from mercury or syphilis. Rheumatism, either articular or neuralgic, especially sciatica. Gout.

Skin. (Mainly taken from Ricord).—Lewin divides the eruptions produced by Kali iod. into four principal forms: (*a*) Erythematous; (*b*) Urticaria-like; (*c*) Nodulo-pustular; (*d*) Eczematous. He also adds, as a rare form, the petechial. Clinically the drug has been used in all the above-named conditions, especially when of syphilitic origin.

Generalities.—From the above observations it is plain that the chief action of kali iod. is upon the mucous membranes and upon the

glands. Its action closely resembles that of mercury, which accounts for its extensive and successful use by all schools of practice as an antidote to that drug, such action being strictly homœopathic. Also for its use in secondary syphilis, and in syphilitic nodes, syphilitic periostitis, syphilitic eruptions, syphilitic caries and necrosis, etc., etc. Allen says that "the use of the drug in massive doses for symptoms of secondary syphilis, such as caries, syphilitic inflammation of the eyes, etc., etc., should not be included under the proper homœopathic application of the drug." While its use in "massive doses" is unnecessary, yet the application of the drug in the conditions named seems to be homœopathic. The action of kali iodatum upon the lymphatic and glandular system is very similar to that of iodine, producing hypertrophy and loss of function. The general effects of the two preparations are so alike that Hughes and others include their pathogeneses under one head. But this is never a proper thing to do. No matter how similar drugs may appear to be in their action, they each have, nevertheless, an individual action which can and ought to be differentiated from all other drugs, and especially from those whose action appear to be most similar. Perhaps an exception to this statement is in merc. sol. and merc. viv., though I believe it would be better to give the separate pathogeneses of even these drugs, never allowing ourselves to generalize as to the action or application of drugs. This is the true spirit of homœopathy and should not be disregarded. Kali iod. has a more depressing action than does iodine, and less tendency to febrile disturbance. Both give emaciation and great general debility, but the former is more pronounced in iodine.

Iowa City, Iowa.

REMARKS ON THE RESOLUTION TO HAVE A BELIEF IN HOMŒOPATHY INCORPORATED IN THE REQUIREMENTS FOR MEMBERSHIP IN THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By F. H. Orme, M. D.

I REGRET exceedingly the introduction of this resolution: not because I have any fear that it will be adopted—I believe there is too much of the spirit of liberality in this Institute for that—but on several other accounts:

I dislike to have to oppose anything that is proposed by my friends; but I dislike still more to have any unnecessary disturbance of the harmony of our Institute.

We are doing well under our present rule of admission, which is fair and liberal. Under this we can repulse the charge of illiberalism and exclusivism. Our friends the enemy have constantly endeavored to

make us appear as exclusive, and we have as constantly and with more vehemence, denied and repelled the charge. In doing so we can point to the courses of study and the text-books of our colleges, and to the scope and variety of work undertaken and accomplished by our Institute. We are upon solid ground as a liberal medical society, even although we do especially engage in the study and development of homœopathic therapeutics. We should avoid even an appearance of exclusiveness.

The founders of our Institute were men of liberal views, forced by oppressive circumstances to protect against the illiberality of the times, and to organize a separate medical association; but they did not exact a *declaration* of a belief in what physicians might know little or much about, and they were prepared to say to any seeker after the truth, as I would have the Institute to say now: If you are thinking of investigating homœopathy, if you wish to mingle with us who are engaged in its study and development, *come with us, and we will do you good!*

This resolution, being a proposal to change the by-laws, must have a two-thirds vote. Instead of securing even one-third of the votes of the members present, I trust it will be put to rest under so emphatic and overwhelming a vote, that nothing that smacks of illiberality will ever again be attempted in this body.

It is objectionable because it attempts to establish *a creed*—a thing that is not only incompatible with, but is offensive to, a scientific body. Who knows when other items to the creed may be proposed? Who knows whither this mischievous precedent might lead? Some friend with more enthusiasm than wisdom may next propose to require a pledge to use only "the single remedy"—then another may wish a committal to the "dynamization" theory—and there is no telling where this innovation might end. The time of the Institute should be given to scientific discussion, and should not be taken up with questions of this sort, which, once commenced, might lead to constant turmoil and contention where there should be unity and concord.

This resolution is unnecessary, because the title of our Institute implies sufficiently an interest, if not an absolute belief, in homœopathy, while its Constitution commits it, as its object, to "the improvement of homœopathic therapeutics, and all other departments of medical science."

As every applicant for membership must be vouched for by three of our members, it is not likely that an enemy should attempt to enter our camp—and we have nothing to fear even in such a case. It is to be strongly presumed that applicants approach us in good faith, and even if they should not be firm in the homœopathic belief, but should wish to join us as a medical society for the improvement "of all other

departments of medical science," in the name of science let them come! The Institute will be a good school for them, and we may learn from them as well.

There are many who are willing to learn homœopathy—who have had their attention drawn to it, and are *inclined* to believe in it, but who scarcely know whether they are really believers or not. Shall we shut our door in the face of these when they in good faith wish to join with us in a study of the subject? Are we not students ourselves, and should we not welcome all others who wish to join us?

At all events, let us not put upon ourselves the stigma of being a scientific association *with a creed!* Let us not be retrogressive and narrow, but liberal and progressive, and thus retain the respect of the scientific world to which we are now so well entitled.

ATLANTA, GA.

We take pleasure in printing this communication in full, inasmuch as it contains one of the principal lines of argument employed by the opponents to the Allen resolution.

As will be noted, the chief cause of objection is the fear that the Institute will cease to be considered liberal and scientific. May we be pardoned a few questions, not to revamp a dead issue, but to recall a few points to this eminent practitioner's mind, in hope of causing him to view this problem, as we do, in the light of an exquisite inconsistency.

Does he believe it to be a sign of liberality and scientific acumen to cast aside the proposed single Board of Medical Examiners in New York, and substitute therefor the Separate Examining Board, which which even our liberal and scientific friend Dr. Paine is championing? Will he not extend his liberality even to examining boards, since to do otherwise (*i.e.*, to ask for a homœopathic board) surely smacks of illiberality, in that it makes us exclusive and sticklers for a creed?

Does he think it smacks of liberality and progressiveism to require a medical journal to profess a belief in a creed to an Institute which has no control over it, and does not require such acknowledgment of belief or creed in its active membership?

Does he know of a church, society, order, or any body-corporate the world over, with a charter, by-laws, and dues, with a distinctive purpose and principles either *in posse or in esse*, that does not require its neophyte to profess allegiance to its fundamentals and himself to give his best energies for their promulgation?

Does he consider the American Institute of Homœopathy to be the American Institute of Liberal Sciences, with homœopathy a sectional session; a Reformatory-Training School, or a camp meeting with an anxious seat and an Amen corner, from which the doubting medico may, after a period spent in meditation and study, burst forth a full-

blown Regular, Eclectic, Homœopath or Liberal? Yet, withal, flying the diploma of the American Institute of Homœopathy which was awarded him before he knew what he wanted.

Does he believe that the founders of the Institute, if in the flesh today, would make such explanation of their purpose?—Ed.

RELATION OF WORK AND REST TO THE PRESERVATION OF HEALTH.

By H. E. Beebe, M. D.

IN this age of energy and fierce competition in business, we may often hear the expression: "Mr. so-and-so has worked himself to death."

But is not the fact due more to the worry and consequent nervous exhaustion, than to the work itself? Would the same amount of work carried on without the feverish eagerness and anxiety that form so marked a trait in many of our business or professional men, have brought the victim to a premature grave?

It is a long established truth that "from labor, health; from health, contentment springs." With a due observance of common sanitary rules, our work, whether mental or mechanical, should be to us a source of pleasure; it should make us happy and cheerful; and when this is not the case, it means that we need rest; our rest must be commensurate with our toil; when it is not, we must suffer the penalty of our error in ill-health, disease.

Cheerfulness is contagious or infectious, as you please; it begets health, and this in turn creates a happy disposition. "A merry heart doeth good like medicine," says the wise man, and the person so constituted is less liable to succumb to disease and infection than he who is unhappy and discontented; for morbid elements more easily gain a foothold where there is mental or physical depression.

How essential, then, is the cheerful habit to the sick and to all about them; To the physician, the clergyman, and above all, to the attendants. Encouraging and cheering the sick is one of the most efficient means of enabling them to withdraw their thoughts from their affliction, and thus find relief from suffering. They unconsciously show this by the hearty welcome with which they greet the friend who comes with a countenance radiant with the happy spirit within.

The grand results so often gained from mental therapeutics come from the mental rest gained by diverting the mind from its long-used channels of thought into others that call new faculties into play.

A wise physician will always reinforce his medicine by endeavoring in word, tone, and manner, to impart to his patient a feeling of hope-

fulness, which is in itself a great stimulant, and the absence of which is often the most unfavorable symptom.

We recognize to a considerable degree the influence which the mind has over the body; but do we realize in full measure the influence of the physical system upon the mental—the important of a sound body for a sound mind?

As a class, Americans have been dealing too much with the cultivation of the mental to the exclusion of the physical powers of the people, forgetting or disregarding the fact that the best efforts of the mind are to be attained only by those who are strong physically.

We must acquire a better knowledge of how to live, and how to induce the rising generation to pay more attention to the methods necessary for the preservation of health. Instead of devoting so much time to the question: "In what section or locality can I have better health?" it would be well to seek a solution to the question: "How may I best preserve my health and vigor in the place where my business compels me to live?"

The laws of nature must be observed from the cradle to the grave, and their violation inevitably results in an impaired system, for which change of climate is a favorite prescription; but too often undue credit is given to a certain "climate" or health resort for beneficial results that come from needed rest and a better observance of physiological laws—results that often might be as well attained at the patient's home.

Rest and idleness are far from being synonymous terms; manual training and exercise is but another form of rest, and is fast being recognized as such. Idleness, especially when enforced, is a promoter of disease. The disastrous effects of absolute abstention from labor upon the convicts in the State Prisons of New York are beginning to manifest themselves. The Warden of Auburn prison states that the prisoners are growing restless, and it has been reported that two cases of insanity have occurred at Sing Sing, from this cause. It is possible that the courts may be called on to decide whether such a law can be enforced; one convict has, through his counsel, so it is reported, made a demand that he be furnished employment, as the State has no right to inflict upon him a punishment almost equivalent to solitary confinement.

The result of prolonged enforced idleness to men who are at freedom would be serious; and much more so to men confined in prison walls, with nothing to do but sit and brood, month after month, over wrecked and blasted lives. No wonder the unfortunates clamor for work.

Physical toil is healthful; where do we find a more rugged class than those engaged in manual labor, whether in the field or the factory? Such a man is saved the worry and perplexities of his employer; he

knows little of mental strain and less of mental breakdown; dropping all thought of business at the end of his day's work, and requiring fewer hours of sleep than the brain-worker, he has more leisure for amusement and pleasure; his sleep is not disturbed by visions of loss or business failure. When a man begins to dream of his work, he is under too great a mental strain and needs rest. But, as said before, rest does not mean idleness; the same effect is produced by a change of work that calls away the mind from that which distresses it. As one who walks all day over an undulating road amid beautiful and constantly changing scenery, feels less fatigue at evening than he who has traveled through a flat, uninteresting country, so the brain-worker who turns to some other form of mental occupation at intervals, retains his intellectual faculties unimpaired for a longer time than he who devotes his entire attention to one subject, or he who has never strengthened and invigorated his mind by thought and study.

The man whose mind weakens soonest in old age is generally the farmer or laborer, not the politician, the lawyer, the physician, or the man of letters.

Mental powers need sanitary care no less than physical. Intellectual work is healthful when the brain is not overtaxed, and when the mind is kept free from care and anxiety. When the intellectual worker, with his brain and nervous system at a high tension, begins to worry, whether he be the man in speculative business pursuit in the strife for wealth or position, or the earnest political or literary worker in seeking honor and fame, disturbances in the circulation are to be observed; irregular action of heart, followed by insomnia; if this sleeplessness continue, we soon find irritability of mind and feverish excitement, impaired appetite and its consequences. It is now high time to call a halt, or some morning there will be reported another case of sudden death from heart disease or a complication of maladies. Relaxation in such cases is absolutely necessary before rest and sleep become natural, and here sleep is, indeed, "Nature's sweet restorer."

It is not always easy for the mentally fatigued to submit to, or even realize, the kind of relaxation that is necessary, or what mental rest is. He must first learn to become interested in other matters, though they may be apparently but trifles, and make these diversions an amusement and a pleasure; think more of rest and solace, and take things more quietly. Mr. Blaine said last summer: "I have learned what real relaxation means. It is to become so interested in trifles that they become the most important events in life." Andrew Carnegie says he thinks a good laugh is always in order, and his success in life is partly due to the fact that troubles have as little effect on him as water on a duck's back. Chauncey Depew's whole life is an illustration of how to laugh and prosper.

Some one has said every hearty laugh draws a nail from the laugher's coffin. It adds something to this fragment of life, it is good for the mind as well for the body. The lesson of all these brilliant examples is fitly capped by the advice of Shakespeare : "Wear your troubles as your garments, on the outside, carelessly."

The cares of life should not vex our spirits and enervate our powers ; when they do we need a vacation. The issues and responsibilities of an active business life in this age are such, that the wear and tear of mind is continually in danger of mental depression and its consequences. Purely perverted nervous functions at first, but marked organic troubles if not checked in time. The importance of this matter to the American people is shown when we consider the population of the United States has but little more than doubled since 1850, while the number of insane is six times as great. This is certainly a matter of grave importance, not to physicians alone, but to all those classes of our population from which the ranks of the insane are recruited.

It is not work ; it is worry, that so often leads to nervous prostration, mental wrecks, premature old age, and early graves, with the American people.

While doing the work of to-day, they are fretting about that of to-morrow. Continued anxiety for to-morrow's bread will undermine the strongest constitution.

Our national habits are different from those of European countries, where the rewards of ambitious striving are generally less, and neurasthenia is not so prevalent.

The All-wise Creator never intended that man should be an idler : "It is far better to wear out than to rust out." But it is not necessary that the wearing out should be hastened by the fiction of worry.

The real secret of health is :

"Don't worry. Be cheerful.

Don't hurry. Don't despair.

Don't over eat. Don't starve.

Court the fresh air day and night.

Sleep and rest abundantly.

Seek peace and preserve it.

Avoid passion and excitement, as a moment's anger may be fatal.

Spend less nervous energy each day than you make."

Work will be, or should be, a pleasure and a preserver of health when viewed, as Longfellow says :

"Work is my recreation
The play of faculty ; a delight
Like that, which a bird feels
In flying, or a fish
In darting through the water.
Nothing more."

SIDNEY, O.

DEPRESSED FRACTURES OF THE SKULL AND WHAT TO DO WITH THEM.*

By Charles E. Walton, M.D.

OF the numerous fractures to which the cranium is liable, the *depressed* fractures are by no means the least interesting. This arises, largely, from the element of uncertainty which must necessarily complicate the prognosis.

The diagnosis is ordinarily easy, if seen immediately after the injury, for a comparison with the corresponding side of the head establishes the fact that a depression exists where a smooth surface belongs, and, if there are no cerebral symptoms, the prognosis is as readily made as the diagnosis and the treatment of *active* non-interference instituted.

Is the head that of the newly born babe, where the metallic grip of the forceps has left the impress indicating the necessity of their employment? We predict little or no trouble, rely on the resiliency of the plastic skull, and assure the anxious parents that this is not a case of atavisim reflecting the malformation of some one or more of the child's ancestors; or a "mother's mark" from her too close scrutiny of the numerous freaks at the popular dime museums.

Or is it the head of an adult whose frontal bone has received the shock of the causal blow? We think of the frontal sinuses, and, after scanning in vain the eyes for the tell-tale pupils with their irregular action, or the delicate conjunctivæ for ecchymotic areas; or the distribution of the facial nerve for some evidence of impaired function, we look upon the injury as one of the outer table, and apprehend at most a local retarding of repair.

Through the gaping scalp wounds of another case we may see the depressed fragments of a compound fracture, securely impacted around their edges and preserving the cranial cavity from access to air or to microbe, and in the absence of compression symptoms we prepare bacterial graves in the outer wounds and watch and wait with a reasonable hope that the refusal to add a surgical injury to the existing accidental one will confirm our prognosis of a favorable termination.

We are called to another case; the heavy blow of a dray-pin or fall of a tilting ladder furnishes us a patient which shall tax our utmost acumen as to diagnosis, and skill as to treatment. The insensible patient presents no external visible injury; he lies with his special senses locked in the embrace of a forced sleep; the hurried breath of excitement or laborious toil has given place to slow and audible effort, and the former quickened pulse moves with a deliberation born of infirmity. We raise the optic portcullis, and find the pupils independent in action,

* American Institute of Homœopathy, 1889.

and far from co-operative in size; no blood has found its way through the ethmoid plate into the nasal outlet, or through the tympanum into the external ear, and the cerebro-spinal fluid is still restrained by its meningeal barriers. Along the side of the head is felt a sulcus, whose edges are below the surrounding skull. We learn that the coma has been persistent from the time of the injury, while that of a fellow-laborer injured at the same time came on gradually. What is the condition of affairs within the unexplored territory of those injured skulls? We have depressed fractures, but what of the inner plates? Following the mechanical law of lesion, on the side of extension they are doubtless fractured, but what of the brain beneath? The one with immediate coma has probably bony fragments piercing deeply through the dura and down into the brain beneath. The other has a ruptured meningeal artery, and the out-pouring blood has formed the compressing clot. There is no convenient wound through which to send the penetrating gaze or interrogatory probe; we stand on the borderland of the unknown, and explore in the light of an anatomical and physiological experience.

We have in the cases before us the evidence of cerebral compression. The one resulting from bony impingement, the other from pressure of blood-clot. The diagnosis has been easier here, because of the history of the injury and the finding of a marked depression.

But there are other cases obscured by the absence of history, and by the absence of marked depression, and we must stand and wait, or operate and wait, according to the dictates of an experienced judgment.

A veritable torrent of doubts and possibilities pours through the surgeon's mind when brought face to face with a simple depressed fracture of the skull. Whilst examining the case he wonders whether the small vessels which ramify between the dura and the skull have lost their integrity; whether the venous sinuses have been opened, whether the mid. meningeal artery has been ruptured, and whether from any one or all these sources the blood is stripping the dura from its attachments, and pressing with hydrostatic force upon the concealed encephalon? Or again, does that smooth surface of depressed bone prevent the apprehension that the opposite table, with its jagged spiculæ, may pave the way for a life-time of cerebral irritation—a life-time of epileptic explosions, a life-time of morbid impulses, which may culminate in fratricidal or matricidal fury and shock the community or even the country in which he lives.

With Weisman of Zürich the careful surgeon measures the interval of consciousness between the injury and the appearance of pressure symptoms, not unmindful that these symptoms may appear at any time from fifteen minutes to eleven days. He looks for the hemiplegia opposite to the injured side, knowing well the relation of the artery to

the motor centres for the arm and leg, reflecting that the leg is only paralyzed when the arm is paralyzed, and that convulsions may precede the paralysis.

He notes the changes in the pulse, with its increasing hardness and infrequency, and the slow, embarrassed, stertorous breathing. With these four symptoms he diagnoses cerebral hæmorrhage and confirms the diagnosis by the vomiting; the pupil changes, the unilateral decrease of sensation; the aphasia; the impairment of bladder and rectum; the one-sided automatic movement: and the rise in temperature.

He interprets the symptoms of the pressure as it spreads forward producing aphasia, or backwards producing disorders of sensibility, or dips towards the base of the skull and causes paralysis of the third pair of nerves.

With Jacobson he searches for the ecchymosis of the scalp in the temporo-parietal or occipito-parietal region with its attending puffiness.

All this culminates in the one desire to relieve the pressure as the only safeguard of the patient.

We must get rid of the blood-clot and control the hæmorrhage, and it is for this purpose that the elevation of bone is so imperative.

With almost mathematical precision the location of the fissure of Rolando with its adjacent motor centres can be platted on the shaven skull and the trephine be guided with comparative accuracy to the site of the blood-clot.

Nancrede has well said that of all the questions relating to head surgery the one concerning the management of depressed simple fractures is the most difficult.

He might have gone further and said that this question once determined, and a judicious treatment once formulated, the whole of head-surgery is epitomized—in fact, we would have the whole of operative surgery with all its modern refinements compressed into a nutshell.

The whole story is told when we direct, (1.) the control of hæmorrhage; (2.) The removal of blood-clot or any foreign substance; (3.) The removal of the hopelessly damaged tissue and the replacement of uninjured tissue; (4.) The thorough drainage of every exudation area; (5.) The protection of every wound against infection.

With these five surgical maxims, and all that they imply, there is no longer a cavity in the body over whose portals hangs the warning "Abandon hope all ye who enter here."

With aseptic or antiseptic appliances one need not greatly hesitate to convert the simple fracture into a compound one, for the integrity of the brain substance is at stake, and by far outweighs the question of infection. It is not unusual for severe compound fractures with ordinary

care to do better than simple fractures with extraordinary care; the difference in drainage being the determining element in the result.

The rule of action then is to *elevate the depression.* With elevators, trephine and vongeur forceps clear the injured site of the wreckage, saving such as may be utilized in again closing the opening. If necessary, counter-open the skull for drainage and insert the rubber tube, or the horse-hair and cat-gut compound drain; dress the wound antiseptically, for we are working to *prevent* secondary inflammation now, and this point secured, the battle is nearly won. Should the opening be too large for the bone flaps to reclose it, we may have recourse to thin plates of bone chiselled from the tibia, or from the bones of puppies or young chickens.

Having thus treated a depressed fracture, if all goes as hoped for, the repair will be secured and the surgeon's skirts cleared of the charge of just standing about and allowing nature to conduct the entire proceedings.

7th & John Sts., Cincinnati, O.

RAYNAUD'S DISEASE.*

By E. A. Neatby, M.D.

I SHALL first bring before your notice a case of Raynaud's disease—slight indeed, but I believe, typical as far as it goes. Then I shall relate two others, closely allied, but which I believe careful observation will show it to be necessary to differentiate from typical Raynaud's disease.

Case I.—Emily S. B., aged thirty-four, short, slight and thin.

Family history.—Mother suffered from bronchitis, and died of paralysis (right hemiplegia) at age of sixty-seven. Her father died of a "bad leg" at age of seventy-two; had had good health.

Personal history.—Patient had a slight attack of variola at six years of age; typhoid fever very badly at nine; when about fifteen she had "low fever" twice, once in autumn of 1869 and again in spring of 1870. She had measles in infancy and pertussis when sixteen years of age.

The patient began to menstruate at thirteen; was regular till lately. For two or three years the menses have lasted ten days, but are not excessive as to quantity. The quantity varies on alternate months and is dark colored. She has not much pain, only a sick feeling and depression. The bowels act every two days. There is a rough bruit at the apex, loudest between the sternum and the apex; it is louder after

* Read before the British Homœopathic Society, March 7th, 1889, from Hom. Med. Review.

exertion. There is none at the base. A loud venous bruit is heard in the right supra-clavicular region.

When about sixteen (in 1870), one day while dressing, she noticed that the left little finger went quite white, or rather of a yellowish-white; in short, it "died away" (local syncope). From that time, on and off, one or more fingers have been liable to "go dead" from exposure to slight cold, or even apart from noticeable cold or from a sudden fright or start. She gradually got worse. When the fingers are "coming round" (recovering) they get very blue, or even quite black, as if dyed. The fingers and hands do not feel swollen. It is only rarely that this blueness (local asphyxia) occurs without the previous deadness.

There is no pain in the fingers while they are actually in the condition of deadness, but they are excessively painful when the circulation is being re-established; there is aching and tingling right up the arm. Sensibility is much numbed, but not abolished, and movement is difficult. The appearance of the hands during recovery is unique. In some parts the dead waxy white of syncope is seen, while the chief part is black, or of the blue-black color. In the midst of these dusky areas—for instance, on the back of the hand and on one finger—a patch of pink color will make its appearance, and gradually spread over the whole, until the hand looks finally "like raw beef," as the patient expresses it.

Eight years ago, in 1880, she thinks her right index finger got "poisoned," and this was followed by a whitlow. No bone exfoliated and the nail did not come off. The nail is now curved over the end of of the finger, but does not fit closely.

Lately, *i. e.*, for several years, on tips of all the fingers she has had what she calls "corns"—thickened epidermis, or skin, which she can pick off. Usually there is left a sound but slightly puckered superficial scar. Sometimes a breach of surface is left which takes some days, or even weeks, to heal. These corns are evidently, by the course they take, superficial destructions of the skin—dry gangrene. Similar phenomena occur also on the dorsal aspect of the fingers. They occur on both hands, but not on the feet. The feet never get ulcerated or sore; they go "dead," not blue; she is not subject to chilblains. The ears go blue-black, but no destruction of tissue has occurred.

During the ulcerative stage hepar sulph. 30 has given most ease. At one time, when the pain in the right finger was compared to hot needles, arsenic was prescribed with advantage. Occasionally in this case, and in several of those recorded by Raynaud, heat caused great increase of the pain. This suggested secale to my mind, and this patient has been much benefited thereby. The mental condition has also suggested lachesis.

I have said that this is a typical case of Raynaud's disease. The local syncope and local asphyxia alone would constitute a slight degree of that malady. Complete anæsthesia is absent, it is true, but the way in which deadness of the fingers will come on from exposure to very slight cold, or without cause of this kind, and still more its being excited by mental or nervous states, is characteristic. The symmetry of the destructive lesions, their superficial character and their multiplicity, are not found elsewhere; and the prolonged course of this slight degree of the malady is in conformity with Raynaud's observations in mild cases. Though there is a cardiac bruit, it is, I believe, hæmic. All the features go to establish the opinion that this disease is a neurosis.

Case II.—November, 1882. Miss E. L., aged about forty. This is a case of superficial symmetrical gangrene. At the time it was under observation I had not heard of Raynaud's disease, or more details would have been recorded. The patient suffered from "dying away" of the fingers. She had done so for many years. She was an intellectual woman, having much mental exertion and anxiety. She was afflicted with deafness, as were many of her brothers and sisters; in her case it was said to be due to "neuralgia."

Her own account, abridged, is as follows: Began ten years ago with a "small ulcer" in mouth, getting to its worst in about two weeks, then gradually getting well. This became a regular thing. The ulcers were "very hot, painful, deeply scored and filled with humor." Had teeth drawn with no good effect.

Four years ago, "felt a pricking, stinging sensation in several fingers between the nail and second joint; it felt like a burn with intolerable irritation in warmth. These broke into deep ulcers, like broken chilblains. Dislikes cold or heat to fingers; as they heal they desquamate in large flakes. The inflammation "comes under nails and causes them to be misshapen and soft," also round end of nail. Later the left foot became similarly affected.

Both mouth and hands are worse at menstrual periods, beginning about a week before, then getting to a climax," and improving again a little. Used to be subject to indigestion, is not so now.

As she writes she says, "the fingers are smarting and irritating very much," and as she gets warm in bed, feet seem almost unbearable. She never suffered from chilblains before this. Has been taking sulph. 200 for a week. Doses every third day.

As the patient's own account shows, the ulceration was worse at the dorsal aspect of fingers over the two peripheral phalanges. Here they certainly looked like very bad chilblains; the whole fingers, and sometimes the hand also, were swollen; the neighborhood of the ulcer was bluish, and the ulcer showed a raw surface, covered with thin pus.

The tips of the fingers under the nails were similarly affected. Both hands and feet were very painful, they got worse at night, when they used to swell, were red and very hot. They were always more painful from external heat. No treatment that I was able to suggest did more than temporarily palliate the condition of the fingers, though the general health was improved.

In writing of the diagnosis of the condition called after him, Raynaud states that "if the gangrene commences by a diffuse livid color, it is almost always confounded at the commencement with chilblains. . . . . The itching and painful smarting are naturally referred to a very common affection." "It is probable that they (chilblains) have some relation with gangrene of the skin." "I will say only, distrust chilblains which form simultaneously on many digits of both feet and both hands in a season and at a temperature when they are not habitual." ("Raynaud's Essays, New Syd. Soc.," vol. cxxi. p. 112).

A. F., aged fifty-seven, out-patient London Homœopathic Hospital, for ten years has had attack of "deadness" of fingers—fingers are yellow-white, numb, or devoid of sensation. This happens from a slight degree of cold. The cold will sometimes cause her extreme pain without any actual "dying away" of fingers. As they are coming round they are burning and tingling. For several years has had attack of inflammation round nail, destroying nail in one instance.

During this winter has had a number of superficial ulcerations of skin over knuckles. They did not discharge, but became red and the skin thickened, and then desquamated, leaving either no trace, or thin, smooth parchment-like scars.

On the left hand the inflammation has only attacked the neighborhood of nails—not knuckles. No affection of finger tips.

Gets "festerings" about the toes, but they do not "die." This patient has no pronounced blueness of the hands or feet, only the "syncope." Has hæmorrhoids, which bleed a little. These last two patients I do not regard as typical cases of Raynaud's disease. But it shows how difficult it is to draw any hard and fast line between a mild case of that disease and that of ordinary feebleness of circulation or of chilblains.

London, Eng.

CAUSTICUM FOR APHONIA.

By E. G. Grahn, M.D.

Several months ago—during March—I was called to see a male child aged sixteen months, who had just passed the acute stage of measles but still had some fever and cough, for which I prescribed bryonia 3d potency.

Less than a week later the mother came and stated that the little fellow soon got rid of the fever and was now well of the cough, but "*since yesterday he cannot speak at all, and it seems impossible for him to make a sound.*" She could not tell whether or not he could use the tongue. All she knew of it was that the inability to articulate came on quite suddenly.

I suggested that there might be paralysis of both tongue and vocal chords.

With no other symptoms to guide me, I wondered as to the proper remedy. I remembered that Farrington, in his "Materia Medica," alluded to gelsemium in post-diptheritic paralysis. The case there related had "thick speech as though the tongue was too large for the mouth."

I was not at all sure that this remedy would suit the present case, but prepared a powder of the 3d and 200. While doing this I thought of causticum for aphonia (loss of voice), and remembered that this remedy had done service many times for this difficulty. So I gave her a powder of the 12th. This was on March 28.

On the 1st of April she came again and stated that the first two powders (gelsemium) had no effect, though she waited as per instructions for a result to manifest itself. Then she gave the causticum, 12th in water, and it was only a very short time until the child showed that he was being affected for the better, and by evening of that day (30th) he could talk as well as ever. The mother was so overjoyed at the result that (rather contrary to my expectations) she paid her bill in a few days.

North Vernon, Ind.

BOOK REVIEWS.

Electro-Therapeutics, or Electricity in its Relation to Medicine and Surgery. By Wm. Harvey King, M. D., Electro-Therapeutist to the Hahnemann Hospital, member of the New York Society for Medico-Scientific Investigation, etc. New York. A. L. Chatterton & Co. Pp. 153. Price, $2.00.

This able volume does not essay to deal with all branches of Electricity, as its sub-title might indicate, but only in so far as it applies to the Healing Art, with necessarily, such digressions into the general science of Electricity as will explain the technicalities employed. The application of this agent to the cure of human ailments is rapidly assuming a prominent place, and each year more and more interest is taken therein, as evidenced by the number of text-books coming to the Review Table. Dr. King's Manual is the outgrowth of private instructions, and his "personal" style is visible throughout its pages, many of its chapters being devoted to a clear exposition of the topic, so that when Chapter V., "General Therapeutics" is reached, the reader, or student, or practitioner is amply prepared to enter intelligently upon the medi-

cal application as it is elaborately set forth in that and the succeeding chapter, entitled, "Special Therapeutics." This latter chapter alone is worth the price of the book, some mention being made of nearly every known disease, with treatment under this system ; and we doubt not that many a chronic case which has haunted the busy practitioner for years will find their curative agency in electricity. It is a vast and important field, and requires a special training for its safe use, and this Dr. King assures to his students and readers. The text, aside from its technical bearing, is finely rendered, the illustrations apropos, though some of them are old acquaintances of the Book Reviews, the printing is clear and large ; and altogether the work is one to be commended and recommended.

OUR EXCHANGES.

Tarantula Cubensis.—Thos. Young, M.D, in *Med. Advance.*—Miss N. M. G., a school girl aged eleven, had a brown-colored mole about the size of a grain of wheat on the back of her neck. It commenced burning so that she could not go to school ; there was no inflammation to be seen ; when touching it she would complain of needles sticking in it. Tarantula cub., 30th, two powders, one night and morning, cured the trouble completely.

Diarrhœa of Infants.—In those with intestinal fermentation and green stools, we have obtained gratifying results, after the apparently indicated remedy had failed us, by the administration of the first decimal trituration of naphthalin in from five to ten grain doses four or five times daily.—*Med. and Surg. Inv.* Rather scant homœopathy that.

Rupture of an Ear Drum.—The history of a peculiar and interesting case came to the writer's knowledge, wherein an infatuated young man *kissed* his sweetheart so violently in the ear that pains and vertigo immediately resulted therefrom. Soon afterward a muco-purulent discharge began, and an examination disclosed a rupture of the ear drum. Hearing was impaired in this case, it being more or less permanent, as for a long time there was more or less deafness.—C. Weston Edwards, M.D., in *Chic. Med. Times.*

Cæsarean Section.—What we want is to have the Cæsarean operation established in its proper place, the medical profession agreed as to its utility, and we shall have, I firmly believe, not only hundreds of children saved, but more mothers than at the present day, and certainly much misery prevented, such as now frequently follows the various operations of embryotomy. Let this horrible butchery of infants and mutilation of women cease, and let us endeavor to save life and suffering, which is the true aim of our noble profession, and let us above all remember "Thou shalt not kill.' —P. J. Murphy, M.D., in *Obst. Gaz.*

Plants and their Alkaloids.—In an important paper recently read at the Academy of Medicine, by Prof. Germain Sée, he stated that in therapeutics, alkaloids, and the plants from which they are derived should not be confounded. These opportune remarks were made in regard to strophanthus and strophantine, but he pointed out that they might be equally well applied to a number of alkaloids and plants used daily in our practice. In fact, we well know the essentially different

nature of the effects of opium and morphine, of cinchona and quinine, and of the many plants from which alkaloids are derived.

Coca is indisputably that drug to which, above all others, these remarks can be applied. Erythroxylon coca possesses analgesic properties, and is held as a superior local sedative, especially where pain exists in the region of the mouth and the throat (as noted and published by Professor Charles Fauvel, long before the discovery of the local effects of cocaine), and in calling attention to the virtues of this plant, it may be stated that the beneficial effects of wine of coca have been thoroughly established in tuberculous and other ulcerations, existing on the tongue, the mouth, the lips, and on the vocal cords ; in all this class of cases, such a preparation is of great value, prolonging, as it does, the anæsthetic and sedative effects of cocaine when applied topically, or when such application becomes, for one reason or another, impracticable, proving itself of great service to the physician by reason of its local action.

Coca differing essentially from cocaine, the action of the plant upon the general economy, and not its local action, should be borne in mind. It is a most active stimulant tonic, and no better preparation can be employed than the "VIN MARIANI," which contains all the properties of the plant, combined with an absolutely pure wine.

There are numerous conditions in which this preparation is indicated ; in a general way, it is serviceable in all those various diseases, which come under the clinical head of anæmia (weak heart, chlorosis, various forms of cachectic conditions, neurasthenia, general debility, and in convalescence from fever. In tuberculosis, presenting essentially anæmic features, it can be readily understood that here the happiest results may be obtained by the use of the above preparation of coca, as also in the other forms of phthisis.

The only tonic which it has been found may be given for an indefinite period without any unpleasant reaction in wasting diseases, is wine of coca. The preparation known as "VIN MARIANI" (prepared by Mr. Angelo Mariani of Paris) which has been employed by the medical profession for the last thirty years, is the only one which has given me uniformly good results without the unfavorable features which frequently follow in the wake of tonics and stimulants. And I attribute this to the fact that it represents all the volatile principles of the plant, thus differing essentially from those preparations made from the dried, comparatively inert leaf (the volatile principles being absent), or through ignorance of the proper requirements containing a dangerous added percentage of the alkaloid cocaine.—Dr. S. A. NITARD, "*Le Bulletin Médical*," Paris.

GLOBULES.

—Give gelsemium in hysterical paroxysms.

—Sensation as if a spider were in the face.—sulph. acid.

—A hot infusion of capsicum will stop persistent hiccough.

—Feeling as if a lump of ice were in the right chest—sulphur.

—Arnica prevents suppuration even when given in large doses.

—When going upstairs or ascending a hill if there is pain in the heart, then give sulphur.

—A Seidlitz powder, divided in four parts, one every half-hour gives excellent results in violent vomiting.

—Never inject anything into the womb, unless the cervical canal is thoroughly and completely dilated.—*Goodell.*

—Apply a bicarbonate of soda paste to a severe burn and let it alone for twelve hours, then dress with any simple ointment.

—Remember that belladonna is opposed to blood stasis, and is indicated in any acute condition where there is capillary engorgement.

—Dr. J. D. Grabill, formerly of Ohio, writes from 828 Cotton St. Shreveport, Louisiana, that the South has many good openings for homœopathists.

— Ledum pal. is a good remedy for chronic rheumatism, and in enlarged joints massage is very efficacious. This will be appreciated by ladies with enlarged finger-joints.—Dr. Wilcox.

—In menorrhagia, where all remedies have been tried without success, pass in a sharp curette, and thoroughly curette the endometrium. I have yet to see the case in which this mode of treatment fails.—*Goodell.*

—Battery for sale. An order on Jerome Kibber Co. for a battery which may be selected from their stock, value of $42. Will sell for $25.
Address X. L., care A. L. Chatterton & Co. New York.

—In the first stage of hip disease, pain and swelling are absent, and the patient does not complain; the second complaint is the result of an injury, which may be slight and unnoticeable, but an injury has been received in some form or other; the third and last stage is the destruction of the parts. Do not attempt to move the hip-joint, if it is stiff; if you do, you will do harm.—*Dr. Allis.*

—Owing to the increased demand for the famous Orange Blossom Remedies, I am compelled to greatly increase my facilities for their manufacture, and for this purpose I have erected an extensive Laboratory, with elegant offices, in Chicago, where by direct shipment, I will be enabled to reach more rapidly all American and foreign points.
J. A. McGill, M.D., 4 Panorama Place, Chicago, Ill.

OH-DONT-OLOGY.

Don't leave your presidential address in your spare dress suit.

Don't let the newspaper headliner put your portrait under "Troubles with Flatheads."

Don't say *ice*-o-lated when you mean isolated; nor de-*sultt*-ory for desultory: nor even *fud* for food.

Don't be "too high and mighty" to look after such little things as the proper food and clothing for children.

Don't ever propose a resolution to the Institute unless can engage some of the silver-tongued to champion it for you.

Don't have any charming expert vocalist vocalize while your unfortunate bureau holds forth with but an open transom between.

Don't call a one year's (?) course of medical lectures thrice repeated a three years' course. It is a swindle on the student, and an outrage on the public.

Don't have all the State Societies meet in the same month and practically in the same week. There are certainly days enough in the year to give each State a date.

Don't have spectacles fitted by the street-corner optician nor even by a general practitioner. A leg or an arm can be fairly replaced, but an eye lost, is lost forever.

Don't make the teaching of the Organon a post-graduate and optional requisite, says President Walton. Make it an essential part of ante-graduate course. So say we all of us.

Don't ever again raise your mellifluous voice and say that banquets are always snares and delusions. The Banquet of the Homœopathic Medical Society of Ohio was an unqualified success.

Don't be so Calvinistic as to require a homœopathic belief from candidates who ultimately rule the Institute; but be sure to require it of journals. This is not tweedle-dee; this is tweedle-dum.

Don't advocate a single board of examiners because you say the allopath is untrustworthy; and then continue to upbraid those who want the allopath and his methods kept out of the Institute.

Don't dishonor the physician who calls you in consultation by deliberately purloining (*i.e.* stealing) his case and then dosing it to death with quinine and whiskey, when you were called as a homœopath.

Don't put the insane or helpless at the mercy of political doctors, or of young men who seek such appointments solely as aids to a specialist practice. You can't foretell how soon YOUR busy brain may need help.

Don't accept the chairmanship of a Bureau and then fail to honor your appointment. Neither should you select a bureau topic which, in your absence, makes all the separate papers disjointed and pointless.

Don't practice the doctrine of some hoary-headed misogynist that every woman coming to you with amenorrhœa, whether married or single, shall be assumed pregnant until the contrary is established. All are innocent before the law until proven guilty.

Don't lose your faith in homœopathy because its journals will not pay you ten dollars per page for your contributions; and then because of this furnish an old-school journal gratis with your ideas. Possibly your homœopathy was of a mild form and you have outgrown it.

Don't go and pout like a sulky child because somebody declares that he has cured and continues to cure a certain percentage of his cancer cases with arsenicum 2d and 3d × trit. It isn't, of course, high potency, nor a totality of symptoms; but these latter have no certain record of cure. Any port in a storm.

Don't ascribe hysteria to the sole proprietorship of the gentle sex, when the male will pay election bets of the most insane type, and make the day and night hideous and ridiculous by such campaign antics as were had at Indianapolis.

THE

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THE need for some radical change in the mode of Institute election of officers forms the text of an able editorial in the current number of *The Hahnemannian Monthly*. The article, however, stops short of anything suggestive of a definite plan, merely hinting at the representation-by-States method as it obtains in our political organizations. That the subject is timely is patent to every one who has attended several consecutive sessions of the Institute; but how to effect this change without impinging on the cherished prerogative of the president-makers and Institute wire-pullers remains a problem as yet wholly unmastered. Dr. Hall's speech of declination, notwithstanding its acrimoniousness and its ill-timed and injudicious delivery, was pregnant with truths. He had experienced to the full, the bitterness of being repeatedly set aside by professing friends when clearly entitled to the Institute presidency, and others advanced to the high office, who, to him and many others, seemed not in line for the honor, but were nevertheless installed as compromise candidates, to reconcile particular sections of country or to pacify some disgruntled coterie in the Institute.

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AT Niagara Falls the present worthy incumbent was placed in nomination, was eloquently pleaded for, his virtues and his works painstakingly recounted by one who knew him well, and the reward insisted upon as a right. A second candidate was proposed, one whose name and reputation stand high, not only in medicine but in allied sciences,—a teacher, author, and ripe scholar, popular with the masses, of fine address, and a favorite wherever known. These two names were before the Institute from the opening of the session of 1888, and the membership, long before the noon hour on Thursday, had decided for whom it would cast its ballot. But at the eleventh hour a telegram was sent, a "goodly contingent" arrived, a popular, pleasant-visaged, and large-lunged speaker secured, and in a trice the two doughty warriors lay by their heels on the grassy plains of the Institute Marathon, with a new Richmond in possession of the field. In this statement there is no covert imputation that the result of that election did not prove eminently satisfactory to the Institute; it is referred to simply in emphasis of the remarks of Dr. Hall, that the manifest choice of the general society is liable at the last moment to be derailed by a few apropos remarks and a new accession of voters, and to assist the *Hahnemannian* in directing attention to the need for taking the election of officers and selection of

meeting-place out of the hands of politicians and returning it where it belongs, to the members themselves.

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THE AMERICAN HOMŒOPATHIST has a remedy to propose which, from its very simplicity, will doubtlessly give rise to much hilarity and witticism on the part of some of the *quidnuncs* of the Homœopathic press. That remedy consists in this: Forbid nominating speeches. Put the candidates on an equal footing in that regard. Do away with the special pleading. If name and reputation will not carry them abreast the wave, then let them sink! Let the caucus out of the Institute sessions be what it may, but when the time is at hand for nomination and election, there shall be adopted a species of Australian system in that no undue influence may be used on the voter, and that is most readily accomplished by prohibiting jury speeches. Who that has been present at the past four or five elections has not failed to recognize the potent factor which an eloquent speaker becomes at this critical juncture. The Ciceros of the Institute are responsible, as they are in every other deliberative body, for many foolish and oftentimes dangerous laws and measures. A master at repartee, with but a modicum of gray matter, can put to rout the most elaborate and albeit just resolution of a company of wise men. He of the cap and bells will laugh his way into our good-nature so easily that when the jingle of his quips and gibes has died out of our ears we marvel at our easy capture.

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THE death of the Allen resolution (to require a belief in similia from intending members of the Institute) was the direct result not of a fair discussion and argument as advanced and entered upon by Dake, Orme, and Runnels; these would have carried with them a certain number of honest voters; but it was the result of the ridicule poured out upon it by a few witty members who assumed for their purpose that Dr. Allen had a personal interest in the motion, and that it would never do to let the *Advance* and the AMERICAN HOMŒOPATHIST (which championed the resolution) win the battle. The laugh turned the scale. Doctors are not usually trained in the tricks of the forum; and the majority of them are as innocent in matters of diplomacy and finesse as the most puerile of their patients. Gentleness, love, and sympathy are the ruling traits, with the wisdom of the serpent in perpetual abeyance. Sol Smith Russell, properly coached and introduced into the Institute session at an opportune moment to speak against any resolution, however meritorious or important, would turn the tide. We recur to our proposed remedy: the gag-law for nominations. As to the silver-tongued who may be secured to champion or denounce measures proposed in the Institute, our recommendations shall not apply to them for the nonce. We may at some future day have a pet measure to "railroad" through, and it would not be a pleasant reflection then that we had crossed the Rubicon; not any more so, we ween, than it is for an official incumbent to be made aware that he was put in power in an "off" year, in order to remove him from the "chronics" on the anxious seat, and in order to leave the field open hereafter for more popular candidates.

AND while engaged upon this cheap diversion of correcting the mistakes of the Institute and attending to its business, we cannot refrain from again counselling the appointment or election of an additional officer *with* salary, whose title shall be Censor of the Press. We make this recommendation with considerable trepidation, lest, being the mover of the resolution, *The North American Journal of Homœopathy* will at once elect us to the office,—for which we beg to say we have neither inclination, love, nor aptitude. At a former session (1888) the General Secretary was made autocrat of the daily press; and at the session last past his duties were enlarged to include a careful revision of the journals listed by the Institute in order to determine whether a proper recognition of the principle of similia was had, and whether such journals supported the organization of homœopathy as a distinctive body, in the medical profession. The General Secretary will assuredly earn his pitiful salary, if a few more duties are added to his office; and what greater refinement of cruelty than to be compelled to read all the medical journals that are uttered with the regularity of the menstrual cycle—sometimes anticipating, at others postponing—but withal painful to all concerned. "Let every journal stand or fall upon its merits," says Dr. Talcott, and is quoted approvingly by the *Medical Era*. Correct! Why should the Institute descend from its liberal and scientific non-creed-requiring attitude, and seek to discipline the journals, who are not creations of the Institute, do not derive one penny's worth of revenue from its coffers, and are in no wise amenable to the Institute for the opinions expressed by editors and contributors. If the Institute assumes the right to dictate a creed (for under this head a belief in homœopathy for applicants was placed) to the journals, it may with equal justice dictate what articles shall appear in the pages, and what comment may be indulged in by the writers. Is not this high handed, Bro. Orme?

"Who knows when other items to the creed may be proposed? Who knows whither this mischievous precedent might lead? Some friend with more enthusiasm than wisdom may next propose to require a pledge to use only 'the single remedy'—then another may wish a committal to the 'dynamization' theory—and there is no telling where this innovation might end."

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THE *Medical Era* with its usual and commendable promptness—though slightly hedging—meets the Dillow requirement by printing in a conspicuous part of its August number:

"The MEDICAL ERA *supports the organization of homœopathy as a distinctive body in the medical profession.*"

This it denominates the vital part of the Dillow resolution, and adds: "There should be some latitude allowed in the matter of belief," with which latter we agree fully. But that is not the whole requirement. The journals are not asked to construe what is and what is not vital; the resolution reads: "that only such shall be included as recognize the principle of *similia* as the dominant principle in the selection of drugs for the cure of the sick, and which also support," etc.

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THIS is no criticism of the *Medical Era*; it is quoted and enlarged upon to show how extremely difficult will be the labors of the General Secretary in determining who of the journals are complying with the resolution, and how to properly formulate the creed which shall

be emblazoned on our pages as being *ex-cathedra*, and therefore entitling us to continued existence of the publisher and subscribers pay the expenses. Suppose, however, that the AMERICAN HOMŒOPATHIST places the entire Dillow resolution on its title page, and then, being moved thereto by what it deems just cause, attacks the formation of separate examining boards, or the donations and donors of some prominent hospital or college, will this special dispensation from Pope Dudley tide us over the breakers, keep us on the list of Institute journals, or will we be placed in the *Index Expurgatorius!*

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SPECIAL legislation is promptly construed as inimical to the public weal; but when a resolution is introduced similar to this of Dr. Dillow's, professedly general, yet designed for the punishment of one journal, it is to be questioned whether time and patience could not have been saved by making the issue direct—forcing the fight upon the actual combatants—and not fastening on the Institute a resolution which, in the light of the position assumed by the Institute a few months before on the creed-compelling question, makes its attitude decidedly inconsistent and untenable.

ECHOES FROM MINNETONKA.

MILLIE J. CHAPMAN, M.D., Pittsburgh: One thing that struck me as peculiar was the universal friendliness and sociability among the people. There were no cliques. Everybody was willing to know everybody else. A marked improvement was noticeable in the banquet speeches in that they were less tedious. Yes, I am on the staff of physicians in the homœopathic hospital at Pittsburgh, and I also have charge of the Children's Home. I should like to have made the Yellowstone trip; but I do not see how that could improve upon the beauties of Lake Minnetonka.

SHELDON LEAVITT, M.D., Chicago: "I am told, doctor, that you have had some experience with Apostoli's method of treating certain gynæcological cases."

"You were correctly informed. His treatment, as you know, is recommended more especially for chronic metritis and fibrous neoplasms. My experience has thus far been confined to the former."

"Have the results of treatment been gratifying?"

"Quite unlike many new things, recommended in these days, the use of galvanism, as proposed by Apostoli, has not proved disappointing. To be sure my personal observation has not been extensive; but I have been both gratified and surprised to see some old cases of metritis yield promptly to the electrical influence."

"Is the treatment painful?"

"Very slightly so. Some patients declare that it is a most comfortable form of local treatment. I looked for much more suffering from

the intra-uterine use of so powerful a current as we commonly employ. A slight break in the current when the milliampère-meter registers from 100 to 250, would be most distressing ; but I have had no such accident. At the first treatment I usually apply a strength of 75 or 80 milliampères. After two or three seances the patient readily bears from 200 to 250.

"Is a special outfit required for successful employment of this treatment?"

"Most certainly ; and attempts with sponge electrodes for the abdomen and a common uterine electrode for the womb, with no instrument for accurate measurement of the current, and no reliable provision for adding strength without breaking the current, would be most disappointing."

C. B. Kinyon, M.D. : I have had some cases of acute cystitis where I have obtained my best results from touching the vesical fissure with a 10 per cent. solution of the nitrate of silver, and these have acted very satisfactorily. Stretching the sphincter with a steel sound has also proven very satisfactory in my hands. In answer to Dr. Westover, who questions my dose of nitrate of silver, affirming that such a solution would mean 48 or 50 grains to the ounce, I will say that his inference is correct. I have made no misstatement, as I meant just that proportion. It works very much quicker in that solution with one application than three or four applications of a milder solution ; and any physician who cannot apply nitrate of silver without injuring healthy adjacent tissue, is not fit to practice medicine.

Dr. T. Griswold Comstock : Gonorrhœa is a very serious disease in females. It is a hundred times worse than it is in males. Now that is saying a good deal. Gonorrhœa is unfortunately supposed to be a slight disease, one that doesn't amount to much. Many times we are told by young men that they have had it a great many times, and that it never amounted to anything ; but the truth is that gonorrhœa is sometimes never cured, and particularly true is that of females. We were told that fact some sixteen years ago by Noeggerath, who is a celebrated authority. I didn't believe it at the time, but I believe it now. I believe that a great majority of the gynæcological practice that we get comes from gonorrhœa. I esteem it a far more serious disease to treat than a chancre. Now that seems a strange expression. You may have twelve cases of gonorrhœa, and you may get along very nicely with seven of them, and the other five will hang. Every physician of large experience can assent to that statement. Some of them will last for years. When I have a case of gonorrhœa in a married woman that has lasted for a few months,—when the disease which then presents itself for treatment came from gonorrhœa innocently acquired, and when I find that she already has a salpingitis, then the very best treat-

ment is galvanism. I have been using that in the last year,—I am not going to say with most wonderful effect,—but that I have seen cases under this treatment get excellent effects, where nothing else would do any good.

R. Ludlam, M.D.: I do not rise to discuss the moral aspects of this question, but to make a few remarks in the line of Dr. Comstock's original remarks. It seems to me that if we have any authority for doing such things we ought to change the title of the paper. It ought to be "Specific Urethritis in Women," because there is no discrimination between what is specific and what is non-specific. I should make that criticism. I believe with Dr. Comstock that specific urethritis is the exception and not the rule. I am satisfied that the profession have been going wrong in this direction ; that the line which the infection follows, and where it works this disastrous results, has not been at all overdrawn by Dr. Comstock, and is in the tract of the uterine system, the generative intestine as it is called ; it follows along within the os uteri, into the uterus and appendages. It does not stay in the urethra as it does in the male ; it goes to the tube and it goes to the ovaries, which are the counterpart of the testicles, and there it stays. It is not a matter of theory any longer, as it was when Noeggerath wrote it ; it is now a matter of clinical observation and clinical logic. It is a matter of direct experience and observing experience. Since we have put a window into the abdomen, as Tait says, and have looked in or put our hands through that window, we know for a fact, and before the patient is dead long enough to know, what the lesions of this thing are and what the record and where the score of this villainy is kept. Within the tubes and ovaries, and not about the bladder, must we look for these specific lesions. Let us get on the right track. That is what I have been teaching my pupils for the last five or six years, and every time I open an abdomen and find a lesion of the fallopian tube I am likely to find inflammation. We have learned a great many things by the careful inspection of the abdomen, and we will know still more in the future. This is now become a matter where we can put our finger on the lesion, and examine the tubes and ovaries and find for such lesions the records and certain evidence of specific disorder. With reference to the resources that have been found very useful in my hands, if we remember what a contemporary says, that it is the great exception for the gonorrhœal infection to go by urethral glands. I believe that one resource which is very excellent, and one the writer should have mentioned in his paper, because those who examine this paper will want to know all they can for the cure of specific urethritis,—I believe that nothing has done so good in my experience as a very simple use of a hot-water hip bath, which can be assisted by injections of hot water in the vagina. If a little trouble is taken by the patient while in the bath to

have her prepared so that the hot water enters within the vagina, then the application is direct and not harmful. This should be done two or three times a day, or oftener if necessary. I do not see any necessity in practice since I was an allopath for resorting to these strong caustics. I don't believe in them. I am satisfied that so strong a solution as my friend Dr. Kinyon recommends is dangerous. A solution of silver that will eat a hole in a pocket is not the thing to put near these parts. In answer to the query of Dr. Higbee why it is more serious for females to have gonorrhœa than males, I will answer simply that it is because the disease becomes chronic ; because it involves lesions that are out of sight and out of reach largely of our remedial measures, and also because it involves organs, ovaries, tubes and uterus, which are under the dominion of a recurring functional congestion, or recurring condition that does not exist in the male at all. That is to say, the repetition of the menstrual molimen and menstrual period, and all that concerns it as to its vascularity and all that sort of thing ; whereas the male has nothing of the kind which will cause the renewal of the inflammation, while the woman has that which fires it up and is a constantly acting factor for the recurrence and relapse of this miserable thing. I believe that Dr. Comstock is quite right, that it is a hundred times worse in the woman than in the man. Nothing draws out my sympathy more often than to have a beautiful woman infected with this disease, because of the danger to herself and posterity.

Dr. Runnels : I would like to just remind the Institute and this bureau that we are not discussing gonorrhœa in general, but that the subject of the paper is " Urethritis," and that gonorrhœa is only an incident so far as it bears relation to a case of urethritis. It is very necessary, of course, to follow out this fearful malady and tell what it will do ; but we are not here for that particular purpose now, but to confine ourselves to the study of this organ, the bladder, which has so far in our Institute work been practically left out of the question. It is my wish to bring forward all facts pertaining to the treatment of vesical disease. Gonorrhœa is one of the causes, being usually received at the portal of the bladder; but it is not all, and we have very many other causes—perfectly innocent causes—of urethritis, and it is in the treatment of all these that we wish to bring our experience to bear. Some of these cases of urethritis are exceedingly difficult to handle, and those of you that have not yet found it out may be so unfortunate as to experience it some time. I have been tried to the utmost in endeavoring to allay the irritation in the acute stages, and before any change of tissues particularly had taken place further than we find in hyperæmia or something of that kind. Those are the cases that we want to treat, and as successfully as we can. Of course we have our armamentarium, aconite, belladonna, cantharis, cannabis, and all the others

of the materia medica, to resort to, and it is not necessary for us to take up time and give indications for remedies. We can do that at home, but there are many little things that we can do to help, and the application of heat, dry or moist, as in the sitz bath or douche, is greatly to be relied upon. I had a case perfectly devoid of any suspicion of gonorrhœa. It tried me to the utmost; all means failed to do any good. Death a thousand times a day would be drawing it mild. Finally, in sheer desperation, I put the woman under the influence of an anæsthetic and dilated that urethra to the point almost of rupture by the introduction of bougie and my finger until the muscle was completely paralyzed, and the case was cured.

Dr. H. C. Leonard: I have found lachesis almost a specific in this hyperæsthetic condition of the urethral canal, using it from the 10th to 200th potency, and have never know it to fail where that was the principal symptom, where there was no evidence of anything more than possibly a very marked irritability but with the chief symptom of hyperæsthesis.

Dr. Cowperthwaite: I have had very little experience in the treatment of specific urethritis. I feel an especial interest in this subject from the fact that the last patient I had in my office before coming to this place was a lady who was recently married to a young man whom I had treated for gonorrhœa five years ago, and thought I had radically cured. I examined her carefully, trying to calm her fears. When I found the husband he assured me that he had had no return of the gonorrhœa, and no sign of it except in the morning a little drop of mucus in the mouth of the urethra. Yet his wife is suffering from cervicitis, and ultimately it will degenerate into an ovarian irritation. I was called only three or four weeks ago to a lady in Northwestern Iowa who was married the year before last. She has been suffering, as was supposed, with simple urethritis; but when I got there, from my investigations I came to the conclusion at once that this had been brought about by the excesses of the first weeks of married life and the injuries of the parts. But after I made an examination and got a thorough history, I found that this woman was suffering from specific urethritis, and I never saw a case of greater suffering in my life. She has had, as Dr. Comstock has said of such cases, one child, and I wouldn't be afraid to stake what little reputation I have that she will never have another. A woman who has had gonorrhœa very rarely ever conceives after that, and if she does never but once afterward. We do not realize all there is in gonorrhœa. The average doctor as a rule thinks that syphilis is a terrible thing, but that gonorrhœa means a little inflammation of the mucous membrane, and if you are lucky enough to get along without any stricture that is the end of it. I tell you it is one of the most bitter things a woman can experience—to be tinctured

with this vile disease. I never use nitrate of silver in those cases. I will make one exception. I treated one case down in Kansas once where I used a grain of nitrate of silver in a gallon of water. I generally rely upon electricity and the application of galvanism in conjunction with the indicated remedy.

Dr. C. G. Higbee: There is just one point in the use of galvanism that I wish cleared up a little. Does Dr. Cowperthwaite try that before he operates upon that woman? They call me an electrical crank because I have been experimenting with electricity and galvanism in these diseases of women. The doctor answers my question in the affirmative. I believe that when we get better acquainted with it, we have a power there that will help us out in many cases without operation.

Dr. Comstock: Regarding the serious nature of the effects upon the female, I read a paper some time ago before a medical association in which I supposed I would be very severely criticised, in which I stated these things. Fortunately there was a polished, highly educated German physician present, who said that the physicians in Germany agreed with me in that. A young lady that was an actress, having married an actor, I knew her from the time she was born. She suffered greatly after marriage; in fact she was infected with gonorrhœa, I don't know whether before or after she became pregnant. But she never got over the puerperal process well. She had a constant leucorrhœa from endocervicitis and erosion of the os and from salpingitis. She went to New York, and there she had the ovaries and tubes removed. She returned to St. Louis a short time ago. Still she was in a nervous, irritable state, and the probabilities are that she will never get entirely well.

Dr. Ludlam: I think that Dr. Roberts is laboring under a misapprehension. Neither myself nor my colleagues in this discussion have said that we considered specific urethritis such a terrible thing, but the question has been as to its curability. Nor have we said that all of the cases of inflammation of the fallopian tubes or ovaries were necessarily specific in origin. Desiring to call attention to some comparatively new idea, certainly a very practical and important thing, we have perhaps overdrawn a little; still we have not said that every woman that has gonorrhœa will have these horrible symptoms. We have simply said that when this inflammation is extended or does extend into the generative intestine, at the risk of involving the ovaries, and that it extends more often in that direction than into the urethra, that then, and then only, is it disastrous in its consequences,—chronic, perpetual, and everlasting in its results. Dr. Roberts is perfectly right in calling attention to the fact that salpingitis and ovaritis and metritis do often occur from other causes. We need to discriminate. Neither of my colleagues, I hope, belong to the class who take one single idea and run it in everywhere. We don't belong to the blue-light doctrine or any

other craze. Let us discriminate and find out whether these cases are from infection or from other causes, and treat it accordingly. That is why I wanted Runnels' paper called "Specific Urethritis."

Dr. Comstock: I am surprised at a statement that ninety-nine out of a hundred cases of gonorrhœa get well by themselves. This a very serious matter, and it is very unfortunate that the lay people and the physicians believe that gonorrhœa is a very slight thing and doesn't amount to anything. I have heard young men say they have had it forty times and it never amounted to anything. That is wrong. Gonorrhœa is not a very slight thing. They also say that syphilis is never curable; that is also wrong. I would rather treat an ordinary case of chancre any time than a case of gonorrhœa. I remember when studying in Vienna, at the end of two and a half years the professor delivered a lecture to the physicians present on the subject, "Is syphilis curable?" He said that question arose oftentimes with physicians themselves. He decided that it was curable. Another point: In speaking of sterility, when gonorrhœa has affected the males, if they have had epidydimitis or inflammation of the prostrate gland, those are the cases that will probably never get well. I presume that Dr. Cowperthwaite's patient was affected five years ago; that she probably had a slight attack of endometritis. Those cases are liable never to get well; and those are the cases where men are liable to be sterile.

Dr. O. S. Runnels: I wish to emphasize the fact that the bladder is just about as prone to take on this sympathetic debility, this manifestation of reflex trouble, as any other organ of the body. You well know that the symptom of tympanitis is met with after operations, or that any simple operation on the uterus may be followed by a pronounced distension of the intestines. Only a week ago I had a case of cystitis in which the most pronounced tympanitis followed. I was somewhat at a loss to know why, but I found it to be a mere reflex condition from the bladder.

Dr. Claypool: Dr. Runnels' paper is valuable from the fact that you find in it many important points that are not commonly found or spoken of in our medical works. Those diseases or affections of the bladder, the reflex affections, have been very much mixed up in our literature. I want to call attention to the fact that this paper so thoroughly demonstrates the difficulty of prescribing exclusively on the symptomatology of the case. The point I make and maintain is, that in all these pelvic troubles there is an absolute necessity of making a thorough diagnosis, and of understanding the pathology as well. Inflammatory affections of the bladder, whether from mechanical or other irritation, will produce a very similar symptomatology, and if you depend upon the symptomatology alone you will fail in your treatment; and you will

wonder why your homœopathic remedy will not do its work, when the fault is your own in not properly diagnosing the trouble.

DR. COWPERTHWAITE: That one special point of reflex troubles is of daily occurrence. I wish to call attention to one particular remedy for this nervous reflex action of the bladder, and that is gelsemium. The same things hold true in the male. You will find the remedy acting the same; the bladders are practically the same. I was called to see a clergyman, or rather he called to see me, and wanted a prescription for a condition of that kind, where he could never stand before an audience without having to go out to urinate. Another case is that of a lady who could not urinate when any one was in the room, and gelsemium relieved her promptly.

DR. LUDLAM: I spoke of reflex action or sympathy between the rectum and bladder, and am asked if it is my experience that there is any relationship existing between rectal pockets and the troubles mentioned in my paper. If I might use a classical phrase I should remark that this has come to be a nasty subject. I haven't the time or temper to talk about that thing here. Some time when I get my gun loaded I will touch it off perhaps, and the first effect will be to make a stink when the powder has disseminated itself. I have no confidence in that sort of thing whatever; nor do I place any reliance whatever in the cures that have been reported in this direction. Pockets were known to good old Dr. Physick, who made a good deal of reputation from these same pockets, and put something into his own pocket. That rectal troubles do cause vesical irritation has been known, as I have said in my paper, for a long time and are a matter of record in our medical works. I want to thank those members who have spoken of gonorrhœa in the papers presented. My design was to bring something as practical as possible,—something that would be of real service and real utility, and hope this will prove to be so to the profession. I believe that the documents and reports of this bureau will be of value to us. The bureau has done well to take up this important subject, as it has not received near the treatment in the text-books that it should. I feel jocosely inclined, and wish to ask Dr. Cowperthwaite whether he has observed any effects of gelsemium in controlling the desire to urinate in those who are preparing for examination.

DR. COWPERTHWAITE: I desire to say that that has been a standing joke of mine for these many years.

A. A. WHIPPLE, M.D.: Regarding the use of alcohol I would say this: that my practice has been never to use alcohol under any circumstances in pneumonia and typhoid fever, as I cannot see that it will do any good, and it sometimes does harm. I think physicians should be as careful in the use of alcohol as they are in the use of remedies, and in small doses and in attenuations; then they could do no harm. Those

who use stimulants use them as stimulants and not as remedies. I have always advised people not to do so.

W. J. MARTIN, M.D. : I wish to enter my protest against a statement made that a physician treating a case of pneumonia without giving bryonia is dallying with the moral law. I have treated many cases of pneumonia without using a dose of bryonia, and they got along all right. I have also treated pneumonia and given nothing else but bryonia, and the patients made good recovery. We don't prescribe for pneumonia ; we prescribe for the patient and the case in hand. Patients within the last four weeks that I have treated—I remember two cases particularly were conducted throughout the whole sickness on aconite, and got well in nine days. Bryonia would have killed those cases, because it was not indicated. I prescribe for the symptoms of the disease, and never for the name of a disease.

J. M. SCHLEY, M.D. : In the treatment of pneumonia there is a medicine that is used perhaps rather empirically, and that is iodine. Dr. McMichael of New York recently tabulated 112 cases of pneumonia in children and in adults treated alone with the tincture of iodine without a single death. It may be questioned if all these cases were pneumonia ; but in some of them I had the privilege of being present in consultation ; he used the tincture of iodine very strong, putting fifteen to twenty drops in a glass of water and giving a teaspoonful every twenty minutes until the temperature fell nearly to the normal, and kept it up that frequently as long as the temperature didn't rise ; if it remained quiet at 100, he gave it every half-hour or hour ; if it ran up he gave it more frequently. In most of these cases the result was an immediate and permanent return to the normal temperature, a result which the giving of the simple remedies such as bryonia, cantharides, arsenicum, and so forth, could not accomplish. He lays great stress upon the way the iodine is given. It is very rapidly eliminated from the body. He has seen no injurious results from its exhibition. It is well known that iodine exposed to the atmospheric influence rapidly undergoes changes and perhaps removes the virulent effect to some extent.

DR. W. DANFORTH : I have practised medicine for twenty-five years, and have not lost one case of pneumonia, and I have had my complement of serious cases. I think that this favorable result was due with me, if to anything, to the absence of the flax-seed poultice on the chest. Neither do I grease my patient. The way I treat my cases is to apply a pack of soda-water, a teaspoonful of soda to the quart of warm water, and that is placed about the chest, completely encircling it. I cover this with a wrap of three or four thicknesses at six o'clock in the morning, and renew it at six o'clock in the evening—two times a day. As

to remedies, I attach very much less importance to them. I select, of course, the indicated remedy, and as these have been already mentioned I will not dwell upon them.

TUMORS OF THE DURA MATER.*

By S. B. Parsons, M. D.

So little attention has been given to the subject of tumors of the dura mater, and so little is known of their etiology, that our text-books have very few words to say concerning them.

It is only in those cases where the tumor protrudes through the skull and forms a swelling beneath the scalp that excite much attention. Such cases possess two important features: First, they are generally malignant; and second, they perforate by absorption of the bony constituents. All tumors of the dura mater are not malignant. We may have the fibrous, fatty, osseous, and other forms of benign growths develop here; and in point of fact, very few of the growths originating in this membrane ever find their way through the skull. But there are cases where the cranial bones are perforated by tumors showing their seat in the dura mater, that possess no malignant elements in their composition.

Occasionally fatty and fibrous growths force their way through an opening to the outside of the head, but such instances are rare, and are either congenital, or make their exits from some opening already existing, or are of the semi-malignant or recurring variety. Nor can we always tell whether a protruding growth has its seat in the dura mater or brain previous to opening the cavity.

Although it is alleged by some writers that innocent tumors never perforate the skull, yet there are a few such cases on record, one in which was found a growth on the dura mater and another beneath the scalp, the two being connected by a small pedicle through an opening in the parietal bone, and both were of the fatty kind. It is not known whether this was a condition developed in adult life or a congenital formation: very probably the latter.

This class of carcinomatous, as well as the sarcomatous, growths are the varieties most frequently seen appearing externally, and which are known under the name of "Fungus of the Dura Mater."

It has been a question of great interest to me, and one to which I gave no little thought and research, why it is that in those cases only, with very rare exceptions, where there is an undoubted malignancy, do we find tumors boring their way through the solid bones of the

*American Institute of Homœopathy, 1889.

skull? It appears to me that the explanation of these perforations, as usually given, is not sufficiently well based to be accepted as the true cause—that of absorption. If it were due to pressure and absorption only, would we not have as a result of pressure more perforations in fibrous, fatty, and other forms of tumors? For the amount of pressure in the one case is, in all probability, as great as in the other case. There seems to be a link lacking, and that link, I believe, is found in the fact that in all cases of perforation there precedes absorption a condition of arteritis or endo-arteritis, with their usual accompanying fibrinous deposits upon the intima of the vascular canals, that generally produce occlusion, partial or complete, by which the blood-supply is thus cut off, and the parts, losing their proper amount of nourishment, are readily disintegrated by the enlarging growth. The probable reason why we see perforations in malignant disease, and not in innocent growths, lies in the fact that in malignant types there is a tendency to invade and draw into themselves, and convert into heterologous structures, like their own, all tissues they come in contact with.

Growths originating in the brain substance, or the pia mater, or the arachnoid, very rarely penetrate the skull bones, be they malignant or non-malignant in their character.

The malignant growths of the dura mater may occur as a primary or as secondary growths. Primary growths are not so frequently seen as secondary growths, and occasionally we find them spreading to the dura mater from adjoining parts; as, for instance, from the orbital cavity when it commences in the orbit or its coverings.

The primary growths are nearly always single; the secondary are usually multiple; the latter running a more rapid course than the former.

Pathologists aver that the primary tumors are always sarcomatous in nature, but there is some evidence in support of the theory that some of the secondary forms are carcinomatous; and although the disease is usually spoken of as *cancer*, there can be no doubt that, in the majority of instances, they are sarcomatous new growths.

There is such a marked difference in clinical and physical features between the sarcomata and carcinomata that they should never be confounded, one with the other.

The sarcomata are, as a rule, enclosed in a capsule; the carcinomata are not encapsuled.

The sarcomata tend to displace the parts around them; the carcinomata invade and infiltrate the parts about them.

The sarcomata attain large size before they break down; the carcinomata break down when the tumor is small in size.

The sarcomata seldom produce glandular enlargements; the carcinomata always do.

These are some of the main distinctive features between the two forms of growth, and there are others, though not quite so important.

Of the microscopic characters of the various malignant tumors observed in the dura mater, the spindle celled sarcoma is the most common. The round-celled variety appears less frequently ; and have been described as myxo-sarcoma, and glio-sarcoma.

It is often supposed that malignant growths always perforate the tables of the skull and do not extend towards the brain ; but this is a mistake, for the larger percentage of them do not penetrate through the skull, but grow inward, sometimes deep into the brain, and their presence is never known until found *post-mortem.*

It is only those growths that are located in special parts, in or near the vertex of the dura mater, that find their way through the bones ; and those seated on the sides and at the base of the brain never appear externally.

Cysts of the dura mater are extremely rare, though some examples have been met with of the dermoid kind, surrounded by adipose tissue and containing hair.

The fatty tumors which grow from the dura mater may be single or multiple, rarely attain a large size, are usually small, most frequently found on the inner surface of the membrane, sometimes enclosed in a cellular sac, and more or less lobulated.

What are called fibroid growths of the dura mater present some characters different from the fibroids seen in other textures of the body ; and in some cases the arrangement and intermixture of fibres are such as to give them the appearance of fibroids, when a microscopic examination would class them under another head. They grow slowly, and have been known to attain the size of an orange. They also vary much in consistence, being hard and solid at one time, and soft, doughy, or elastic, at another time.

The psammoma, or sand-tumors of Virchow, have their chief seat in that part of the dura mater which covers the parietal lobe, and are nothing more nor less than granules of the carbonate of lime held in a matrix of connective tissue.

The cholesteatoma are formed in the dura mater and are composed of cholesterine and stearine. They are destitute of vessels, possess no nerves, and grow to a small size only.

The gummata, or syphilitic tumors, possess probably as much clinical interest as any other morbid growth. Undoubtedly this is due to the greater frequency with which we meet them, as well as the satisfactory results which follow a well directed treatment, even in those cases after the most marked effects upon the cerebral organs. They attack the membrane directly, grow slowly, and are strictly localized. Their growth induces adhesions of the different membranes, one with the

other, and to the brain as well, and their pressure produces local softening of the brain substance.

The symptoms that point to the existence of an intra-cranial tumor must vary with the kind and character of the growth, its seat, its rapidity of development, and the amount of pressure and injury it produces upon the nerve cells and nerve tracts which lie in close proximity to it. We cannot always differentiate between a tumor of the brain proper and a tumor of the dura mater, and hence the indications of one will often serve for the other.

It will be readily comprehended that the tumor whose growth is slow will not produce the signs of pressure effects upon adjoining nerve substance as rapidly as a tumor that quickly increases in size, although eventually it might cause more serious injury. It is well known that a tumor of the meninges by its pressure on the brain surface will cause symptoms of irritation of the cortex, resulting in Jacksonian epilepsy and frequent convulsions. If this pressure and irritation continue, other symptoms will appear which might indicate the destruction of the parts.

Occasionally there is unusual vascularity and activity of the circulation of the tumor, by which it becomes indirectly connected with the circulation in the scalp through anastomosis of the external and internal vessels, and immediately over the seat of the tumor the temperature of the scalp will be modified or elevated above the temperature in the surrounding parts.

The steady increase in the size of the growth would be apt to progressively impair some one or more of the cranial nerves, possibly some of the nerve tracts which help to form the cerebral hemispheres. Another symptom pointed out to us by oculists is a double optic neuritis, the so-called "choked disk," which is not unfrequently seen in tumors of this membrane, as well as of the brain itself, and in fact it may appear in any condition or lesion that gradually increases intracranial pressure.

The prominent signs which indicate the existence of an intra-cranial tumor are a localized, severe, and persistent pain, convulsive attacks, local or general, followed by transient paralysis, and momentary or prolonged unconsciousness; the changes in the retina in optic neuritis, monoplegia, or the paralysis of one or more of the cranial nerves, the history of the case when syphilis or tuberculosis are suspected.

In cerebral softening all the symptoms above, except the choked disk, are sometimes observed; hence they render the diagnosis more or less obscure. The diagnosis of tumor from epilepsy is, first, by the presence of intracranial pain; the patient's age and history; in time the convulsions are apt to be unilateral in tumor, but general in epilepsy, and manifest themselves in those parts of the body whose centers or

tracts are subject to the greatest amount of irritation. The consciousness of the patient might remain during the convulsive attack; transient paralysis develops after the fit; the mental powers are very rarely weakened as they are in epilepsy.

PROGNOSIS.—The prognosis is always unfavorable, no matter of what type the tumor may be. There are a few instances where the successful removal of a cerebral neoplasm is recorded, but the many failures in attempting their removal have more than counterbalanced the successful operations, and have never been reported.

Cerebral localization has done much, and will do much more, to enlighten the medical profession in regard to the seat of these tumors, and the probable success that will follow any attempt to remove them by a surgical operation.

There can be no doubt that under the influence of constitutional remedies, such as the kali mercurius, sulph, etc., etc., the gummata are unquestionably absorbed in many cases when located in the cranial cavity, as we know they are absorbed when growing in parts visible to the eye and the touch.

TREATMENT.—The question of treatment is one of great importance, and I regret my inability to prescribe one that offers any probability of success, beyond the plan usually adopted by the surgeon, or where we are positive the nature of the growth is undeniably syphilitic. If we could always determine the exact seat of a growth, its type, etc., it is possible we might lay down definite rules to guide us in our efforts to relieve the suffering patient; but thus far our knowledge of the location of the various nerve centers is far too imperfect to aid us to any great length in elucidating these obscure and complex maladies. Again, a growth may be very large, and exert its pressure effects far beyond the limits of its size, and the peripheral signs may be such as would indicate the seat of the tumor far removed from the place of its actual location. This, I believe, is the explanation of so many failures attending the surgeon's work.

These remarks are applied particularly to those cases where the neoplasms are hidden from our senses, and not to those which rest partly within and partly without the cranial cavity. As regards treatment of the latter class, this will depend entirely upon the nature of the tumor. If it is non-malignant, its removal by the knife, with or without first trephining, is justifiable, and we may go even to the extent of removing a portion of a dura mater, if necessary, to secure its total excision. But if it is malignant, a fungus of the dura mater, it is not advisable to touch it in any manner. Surgeons are loth to advise any active operation in such cases, as it only tends to hasten the patient's demise. There is not a well-defined case of fungus of the dura mater on record that was successfully operated upon. In every instance the operation

ended in the death of the patient, the time between the operation and the death of the patient varying but a few days. Complications have arisen after the operation that were unlooked for, and over which the surgeon had little or no control when they manifested themselves. Hence the universally fatal result attending surgical procedures has compelled operators to abstain from adopting any measure looking to the removal of such growths from their membranous attachments.

I am sorry to say that the grave mistake has been made in operations performed for the removal of a supposed fungus, and afterwards found to be an encephalocele. It is true they have some symptoms in common, but there are clear and well-defined indications by which they can be differentiated, and ough' never to be confounded one with the other.

St. Louis, Mo.

SOME THOUGHTS ON THE FIRST VOLUME OF THE CHRONIC DISEASES.

III.

By Saml. Lilienthal, M.D.

Though Hahnemann may have liked once in a while a glass of wine, he was strongly opposed to the use of alcoholic drinks; for (p. 141) "The increase of strength by animal heat consequent upon the use of ardent spirits will be followed by a state of depression and diminution of heat. The physician is bound to shield the chronic patient against the injury which those opposing extremes would inflict upon him." Intemperance in the use of alcoholic beverages is really the bane of our country, and this noble sentence of our Master refutes the standard excuse that in our neurasthenic age, with its worries and abuse of our life-forces, stimuli are needed to prevent premature decay. The sooner the idea is exploded that alcohol is food, the better it will be for the living. It may suffice to preserve the dead, but let the living abstain from this poisonous and insidious evil. Nor was Hahnemann a lover of beer, on account of its frequent adulteration with narcotic substances, and still the use of beer had so far one advantage, as it greatly reduced the abuse of alcoholic drinks, and one might fairly say that from two evils let us choose the least one. I often wondered how by habit the taste of persons can be changed, for certainly beer has no pleasant taste. Acetic and citric acid Hahnemann prohibits, "especially in persons affected with nervous and abdominal complaints; and sour fruits should not be used by those whose digestive organs are affected; flatuous vegetables ought to be avoided by those who are inclined to constipation and difficulty of passing their stools." In fact Hahnemann is in his dietetic regulations nearly in full accord with Fothergill, but the old-fashioned saying is only too true, that whatever is palatable is not always

healthy, and vice versa. I wonder that Hahnemann does not speak against the use of sweets, for the candy-store is in this country the meeting-place of ladies and children and the source of many an ailment. Perhaps in his days the girls did not expect bonbonnières from their fellows.

How moderately Hahnemann speaks about tobacco! "It may be permitted in some chronic diseases to patients who constantly used it and who do not spit in using it." He would have been more severe, notwithstanding he loved his long pipe, if he had witnessed the school-boys enjoying their cigarettes, and thus weakening forever their hearts and their muscular energy. Insomnia is often the sequel of the late cigar, and the pleasure of the fragrant Habana is often marred by the dyspeptic sequelæ. How often have I heard business men praise their cigarette or cigar, as they thus quiet the desire for food and can remain more steadily at their drudgery, forgetting that thus they lay the foundation to premature senility and derangement of their internal organs. Tobacco and liquor, twin-sisters, how much ruin may be put at your doors!

Vital force below par develops that unknown factor which Hahnemann baptized *Psora*. Page 144, we read: "Grief and sorrow are the principal causes which either develop latent psora or aggravate an already existing secondary psoric affection. Excessive fatigue, working in marshy regions, great injuries and wounds, excessive heat and cold, starvation, poverty, not wholesome food, unhappy marriage, and a gnawing conscience. Spiritual sufferings greatly undermine the state of health, and even the most skillful physician will find it impossible to procure the patient relief under those unfavorable circumstances. Mineral baths are very apt to develop the psoric poison or aggravate the secondary psoric affection, so to make the cure of chronic affections impossible, and the magnitude and frequent repetition of these remedies have impressed upon these affections the character of chronic permanency."

Why, we may well ask, has our heavenly Father blessed the world with these mineral springs, only to become a curse to humanity, according to Hahnemann? Has not every mineral water a unit, a spiritual force, its own special indications, and must not the conscientious physician individualize the spring and his patient before he advises him to use the waters according to the rules or laws laid down by the physician? Here most physicians will differ with the master, and many a good and thorough homœopathist has proved this or that water, and in high potencies even found in it a remedial power which he could not find in any other remedy. There is a vast difference between use and abuse.

San Francisco, Cal.

THE URINE IN DISEASES OF WOMEN. *

By Clifford Mitchell, M.D.

It is my opinion that, while not every case of albuminuria during pregnancy may indicate a nephritis, nevertheless the advent of albumen calls for increased care on part of both patient and physician, particularly the former. As you know, the old theory, that the cause of the albuminuria of pregnancy is the pressure of the uterus on the renal veins, has been almost entirely abandoned. It is now thought that, owing to the rapid tissue changes in the growing fœtus, the amount of excrementitious matter to be removed by the maternal organs being much greater, a condition of hyperæmia and hyper-irritability in the kidneys is reached, which may result first in an albuminuria; later, under favorable conditions, in a nephritis. Apparently slight causes, such as a very light chill, a draught suddenly striking the loins or back, foods and drugs difficult to eliminate, may bring about true nephrites in such patients. It is sometimes difficult, if not impossible, to account for the development of the nephritis. Practically, however, whenever the amount of albumen becomes noticeable it is necessary to begin to collect and to measure the total urine of twenty-four hours, which in women ranges from 26 to 45 fluid-ounces. I advise that in all cases of pregnancy occasional measurements of the urine be made as early as the third month.

It is well known that in puerperal nephritis the amount of urine gradually grows less, and that convulsions are always preceded by a considerable decrease. I examined the urine in a case not long ago in which at the seventh month there was no albumen at all; the quantity of urine was normal, 46 fluid-ounces, the urea 375 grains, nearly normal for the weight. Nevertheless albumen appeared later, and not long before confinement was fifteen hundredths of one per cent by weight, which is easily recognized by all tests; the quantity of urine fell to 34 fluid-ounces, the urea to 300 grains. There were no tube casts to be found and no general signs of nephritis, and yet convulsions occurred. It is said by English authorities that albuminuria in pregnancy means convulsions in 50 per cent of the cases!

I do not, however, regard the presence of a mere trace of albumen in the urine of women as necessarily significant of anything serious. By trace of albumen, I mean a faint haze seen by use of delicate tests applied to the clear filtered urine, with acid of dark background and good light. A faint haze of albumen not cleared by heat is often seen in the urine of women, and may be due to the presence of a heavy sediment of vaginal and vesical epithelium or to purulent admixture,

* Read before Nebraska Hom. Medical Society.

as in case of leucorrhœa. For this reason I direct female patients to take a cleansing injection before voiding urine for examination. Sediments composed of epithelium are very common in female patients, and are usually light in color, settle quickly, and leave the supernatant urine comparatively clear.

Epithelial sediments are not affected by heat or by acids, and the use of the microscope for their recognition is imperative. I will say also that, in my belief, it is difficult if not impossible to pronounce with certainty as to the precise origin of the epithelial cells. Formerly, the large, flat cells with prominent nucleus were called vaginal, but in all probability they are quite as likely to be derived from the bladder, especially as a mild grade of catarrh of the bladder is very common in women. Many of you have doubtless noticed a slimy sediment, on pouring urine of women from one glass into another. If this sediment be examined with the microscope, power 400 diameters, there will be seen, besides mucus, a great number of larger, flat cells, with an occasional mucous or pus corpuscle. That most of these cells are from the bladder is to be inferred from the tendency to desquamation of the cells of the female bladder, owing to its loose attachment and greater mobility. Dr. Creedon, in a series of investigations on the epithelium of the urinary tract, showed that no distinctive features can be ascribed to any cell, or set of cells, by which the place of origin can be determined, and I am inclined to believe that his reasoning is correct. A diagnosis, for example, of pyelitis, merely because of the discovery of tailed epithelial cells in urine containing pus, would be wholly unreliable. Creedon found tailed cells in some layer or other throughout the whole urinary tract, from the meatus urinarius to the papillæ of the kidneys. In one case of catarrh of the neck of the bladder with ulceration, I found tailed cells in the urine, but was able to rule out pyelitis by the general condition of the urine and of the patient. My diagnosis was afterwards confirmed by operation. Creedon found tailed cells in one case where, when a necropsy was made, no evidence of pyelitis whatever was to be found.

Turning our attention now to chronic nephritis we find the following broad classification of clinical value: first, chronic parenchymatous nephritis; second, cirrhotic kidney; third, amyloid kidney. But I am in the habit of making the diagnosis in cases of what is called usually "chronic parenchymatous nephritis" a little more closely. My experience has shown me that there are organic diseases of the kidney certainly neither purely cirrhotic nor amyloid, which do not answer to the general description of "chronic parenchymatous nephritis." In chronic diseases of the kidney, not cirrhotic or amyloid, I have found two kinds of urine, one dark colored and the other light colored. In the dark-colored urines of high specific gravity and small quantity in

twenty-four hours, albumen is very abundant and tube casts large and plenty, with great amount of cast débris. In the light-colored urines, usually plenty in quantity, I have found casts very scanty, except when the twenty-four hours' urine is reduced in quantity. The pathological condition is different in the two cases. In the first case with the dark urine we have what Dr. Porter calls "chronic parenchymatous metamorphosis of the kidney": the pathological condition is confined to the epithelial cells of the uriniferous tubules. But in the second class of cases, with the light-colored urines, *all* the structures of the kidney are involved: not only do the epithelial cells undergo metamorphosis but in the intertubular tissue there is cellular infiltration and thickening. To the second group the term "chronic diffuse nephritis" is given. I find this distinction by all means the most satisfactory of any which has been offered. It is even possible to distinguish three sub-classes of chronic diffuse nephritis, and in this manner to make the diagnosis all the more accurate, and the prognosis, therefore, much more valuable. I will give the results of chemical and microscopical examinations of the urine of several women suffering from chronic disease of the kidneys, and show how the diagnosis was made. It is by no means impossible to make the diagnosis without ever seeing the patient at all, provided a number of collections of the twenty-four hours' urine can be obtained, and especially if the patient is within a short distance of the one examining the urine.

Case I.—Eighteen collections in all of the twenty-four hours' urine were made and examined; patient dropsical after miscarriage; urine invariably high-colored, almost always sediment of uric acid and urates; quantity always small, from 300 to 800 c.c.; urea, from 23 grammes down to 6 just before death. Albumen continuous and abundant—three to four tenths of one per cent. by weight; casts always to be found and of several kinds, hyaline, granular, fatty; much cast débris. Diagnosis: chronic parenchymatous metamorphosis of the kidneys subsequent to pregnancy. Prognosis: unfavorable. Death from uræmia in a few months.

The points in the diagnosis were: First, the color; second, the quantity in twenty-four hours; third, the specific gravity, which was always from 1018 to 1030 until just before death; fourth, the amount of albumen, and lastly the tube casts.

Case II.—Woman always apparently healthy until menopause. Eight collections of twenty-four hours' urine examined. Color always pale; quantity always below normal; in other respects like Case I., except that blood was for a time abundant. Diagnosis: chronic diffuse nephritis, and probably the small kidney without vascular thickening. Prognosis, unfavorable. Death in three months or less from first

examination of the urine. Death in twenty-four hours after the urea reached 5¾ grammes in total quantity for twenty-four hours.

The diagnosis of diffuse nephritis was made rather than of parenchymatous metamorphosis, on account of the peculiarly pale urine voided. [In Case I. the urine was always high colored.] In Case II. there were always casts with small quantity of urine, and never very low specific gravity, usually 1015 to 1020; hence the disorder was the small kidney without vascular thickening, rather than either the large kidney or the small kidney with hyaline thickening. Moreover, death soon took place, and we usually find this form of diffuse nephritis the most rapidly and surely fatal of the three kinds of diffuse nephritis.

Case III.—Woman who had been ailing for some time. Opinions as to character of her disorder varied. I obtained two collections of twenty-four hours' urine. First collection: quantity 1200 c.c.; specific gravity, 1013; urea, 22 grammes; albumen, one-tenth of 1 per cent; color pale. Found two hyaline and two granular casts in sediment after examining ten or a dozen slides.

Second collection: about the same as first in most respects, but no casts at all could be found.

Diagnosis, chronic diffuse nephritis, large kidney. In this kind of diffuse nephritis the quantity and variety of casts is variable. Casts may be absent at times. Prognosis: no immediate danger, and possibility of life from five to twenty years, according to common sense and discretion of the patient. Patient still alive after five months and reported to be doing well.

Chicago, Ill.

PRE-NATAL INFLUENCES IN RELATION TO THE WILL POWER.*

By J. D. Buck, M.D.

In the present condition of knowledge no more difficult problem presents itself for examination than this to which I am assigned. In the first place, both the status and the methods of modern physical science largely ignore and often taboo the whole subject, and the only certainty that our boasted science possesses on the subject is the certainty that it knows nothing whatever about it; and some, at least, among these scientists are both intelligent enough to see, and honest enough to acknowledge, this fact. On the other hand, the older writers, of whom a score or two might easily be named, wise philosophers, advanced chemists and astronomers, men whose names linger long in the world's memory, and who write learnedly on this as on all other subjects, are not usually admitted nowadays as competent witnesses, but are called

* American Institute of Homœopathy, 1889.

visionary speculators, because, forsooth, they lived and wrote prior to the time of Lord Bacon, and were not so wedded to the inductive method as to be incapable of any other process of reasoning. It is true that that bugaboo of modern times dubbed "the unknowable" is fast becoming less orthodox, and it is being slowly apprehended that superstition and speculation did not die with the advent of modern exact science—so called, and that real science was not a thing entirely unknown to ancient philosophers. The moderns are yet in a sort of wonder-land which has precluded that deeper research into the hidden things of nature and of life. While boasting of our progress and commiserating the condition of our benighted ancestors, we have unwittingly shut ourselves off from many things already well known. These remarks apply particularly to the whole subject of ante natal influences, concerning which we are less wise than the Greek of twenty centuries or more ago. If any one is inclined to doubt this statement let him gather from all recent sources the much that has been written and the little that is known in regard to *teratology*, or the subject of congenital deformity and human monstrosities. An article in Philadelphia *Medical Times* for February, 1889, by Dr. J. N. Richards, entitled, "Maternal Impressions," gives a very fair summary of the status of this question among medical men at the present time: that is, they agree to disagree, and to confess, with remarkable unanimity, their almost entire ignorance of the whole subject. The author above referred to evinces intelligence, sincerity, and modesty. He assumes to be discussing the subject by strictly scientific methods, and summarizes his conclusions under six heads, but one of which it is necessary to quote. "Section 5" declares "Nature's laws to be fixed and unalterable"; to which we of course say, *Amen!* His preamble is as follows: "Now in conclusion allow me to summarize the difficulties in the way of my having faith in maternal impressions." Alas! my scientist, what has faith to do with the matter? But section 3 is the one to which I particularly referred. It is as follows: "I cannot imagine (*sic*) the lower animals to be endowed with such sensitive organisms as that this influence of maternal impressions should be potent enough to mark their progeny." Comment is superfluous. When one who stipulates in advance for strict scientific methods of research, yet appeals finally to grounds of faith and imagination for his scientific nihilism, the wildest speculations of the Middle Ages need not blush to appear in the witness-box. For one I repudiate all such methods and all such conclusions, in regard to all such subjects, for the simple reason that they are unscientific while wearing the mask of science. It is as unscientific to deny without reason as to affirm without evidence, for in either case such a course gives rise to opinion or prejudice, and never arrives at knowledge.

It seemed necessary thus to generalize and to summarize present

knowledge and the methods in vogue, in order to have our subject fairly in hand. Ignorance and prejudice equally bar the way to real knowledge.

The pregnant human female is in a peculiarly sensitive condition. Whatever may be her mental attitude, her body is far more than usually negative. To speak, crudely her pores are all open. She is particularly susceptible to all influences, not the least of which are the astral and the magnetic, and she exudes the *odic* substance demonstrated by Reichenbach. Profs. Jevons, Babbage, and the authors of the *Unseen* Universe tell us that the astral light is the repository of the spiritual images of all forms, and even of human thoughts. The mother's thoughts therefore, shaped by her *imagination* — not "*fancy*"—produce forms in the surrounding ether. The pores of her entire body are the channels of ingress and egress for *odic* and *astral* forces, and all these currents focus on the growing embryo, just as do the nervo-mental and physical impressions, and the circulation of the blood. Bear in mind that the momentary orgasm of impregnation has already posited a center of life and fixed the paternal form and qualities on the ovum. Bearing in mind the mechanism, the channels, and the forces involved, in case of sudden shock the feeling of terror or aversion would cause a rebound or re-percussion upon the fœtus, thus overcoming the original form derived from impregnation, and this is precisely what happens every day. Back of all those forces and forms lies the human will. The will is a still more interior center of power, which when active, or called into action, dominates all other forces, The will may be figured to the mind as the sum of the potential energy of man focalized in the very center of his being; that one force of which all others are correlations. It may thus be seen how closely allied are Will and Imagination; the one the sum of all power; the other the creator of all forms. Ordinarily the form impressed upon the ovum at the moment of conception is sufficient to resist all subsequent modifications, and so to preserve the original type and harmony. But whenever the new impulse or shock is sufficient to overcome the original impression there is a change, and this change and its result is a problem in the parallelogram of forces, as strictly so as in any problem in physics. This reveals one barrier against change by which nature protects the human type; but there is another, and that is, the susceptibility or impressibility of the mother. Here again we have the problem of the parallelogram of forces; the terms, giving momentum and direction, being the mother's will and her imagination; and it should be remembered that both will and imagination may be largely independent of consciousness. The will may be latent or active, and the imagination may be exercised under guidance of the will and consciousness, or it may act independently.

Here, there, is in brief an outline of the conditions under which the embryo is developed. The child may be influenced by the imagination of the mother, may be thus deformed for life or converted into a monstrosity ; but it cannot be said to exercise its own imagination *in utero*. Not so, however, with the will. The Rev. Laurence Sterne has perhaps given in *Tristram Shandy* one of the best treatises on the conditions that determine the will of the embryo extant. Will represents the hold on life, the sum of all vitality possessed by any individual, and I shall venture the statement, that this primarily depends on the health, the strength, the vigor of the orgasm of impregnation, more than upon all other things combined. We have seen how the *form* of the growing embryo may be modified by the imagination, by shock, and the consequent rebound through the mother upon the fœtus. The *will to live*, however, derived from the act of impregnation, not only resists this tendency to change of form, but furnishes also the substratum of will and vitality in the individual in all coming time.

The foundation of will, therefore, is laid in the very act of conception, and is inseparable from health and perfection of the human form. Not that these must exist in equal degree, but that they are related, as the momentum and direction of moving bodies in the problem of the parallelogram of forces. If great fatigue, disease, or dissipation exist at the time of the impregnation the result of gestation is thereby rendered exceedingly precarious. It would seem strange that so plain and so simple a principle should need to be stated so near the close of the nineteenth century, and yet deformity, imbecility, and insanity are altogether too common to permit the conclusion that this first principle in the generation of human life and the formation of human character is either known or generally regarded. No fact is plainer to even the tyro in physiology, than that the life of the individual begins at least nine months before he is born, and I conclude that the foundation and strength of will has here its rise, no less than the physical qualities and the human form of the future man or woman. The surest safeguard against physical deformity, mental imbecility, and spiritual obliquity will be found in deliberate preparations for paternity, at least equal to that long recognized as profitable in breeding horses and cattle. Then, perhaps, the will of man may *begin* to be *supreme*.

Cincinnati, O.

NOCTURNAL ENURESIS.

By E. N. Grahn, M.D.

Reading what various journals have for several years published about "mullein oil," one would be led to believe that the above unpleasant condition could be easily cured with this drug.

Now, I have a fine preparation of this oil, one made by myself, using selected flowers, from which the little insects infesting them were carefully excluded. And yet I have been unsuccessful with it. The only case that I have ever really cured was a young man twenty-two years old, trouble dating back to his childhood. This case was successfully treated two years ago with the lower dilutions of mullein oil. Since then I have had a number of others to treat, in which cases good results were had with other remedies after mullein oil failed.

David A., aged eleven years, has been troubled since infancy with wetting the bed at night, and for years he has had rather too free a flow of urine during the daytime—very difficult to control. In May, 1888, I tried the mullein oil in various potencies to no purpose. As he had been treated by others at various times without success, the parents did not give me much time, but quit treatment. In March of this year they heard that I had successfully treated another case, and allowed me again to "try my hand" on their boy. Being unable to get any other symptoms than the too free flow, I gave him, March 8, *eupatorium purpureum* 12, several disks at bedtime each night. By the 18th, no perceptible change taking place, I gave eup. purp. 2 x liquid, a few drops in water same way.

By the 27th of March, the condition being unimproved, I prescribed the causticum 12, four powders, one each night.

Now a change took place, and he had less trouble in the daytime, and no wetting of the bed at night.

Fearing a return of the trouble, I sent him, on April 6th, caust. 12 six powders, and, everything being normal, I sent on April 14 eighteen powders of sac. lac. There has been no relapse.

Harry P., aged six years. His symptoms were the same as the case just related, and in April of last year I tried the mullein oil similarly in his case, without results. During the month of November, 1888, I gave him eupator. purp. 2x, several disks each night. Some improvement following, I gave him the same during December, which kept him pretty well rid of the nuisance until February of this year, when he relapsed into the original condition. I now gave him gelsemium 30, a dose each day for a week or more, and then a dose of the 200, since which time there has been no need of any medication.

In another case, Willie M., aged fifteen years, the trouble dating back to infancy, the symptoms not any more pronounced, simply wetting bed at night, and as in the previous cases no special hour of the night, and the profuse urination during the day being all there was to guide me, the administration of *eupatorium purpureum* in the 12th potency was followed at once by a change for the better, and now after more than one month seems like a perfect cure.

North Vernon, Ind.

CONGESTION OF THE LUNGS.*

By E. A. Neatby, M.D.

"CONGESTION of the lungs" is an expression in every-day use among the laity. With them the term represents a definite disease, but this, I believe, is not supported by the profession. All of course recognize its existence as the first stage of pneumonia, as secondary to cardiac lesions, etc., etc. But Niemeyer alone, of the authorities I have been able to consult, speaks of an "acute fluxion" due to exposure of cold air or other irritants. Even he does not give the symptoms and history of the affection. He says "a moderate degree of fluxion of the lungs presents no symptoms." When more considerable (as from excited action of heart), dyspnœa, sense of fullness in the chest and short dry cough are mentioned as present. But "physical examination shows no abnormities." The symptoms of hyperæmia as a definite malady are not given.

It would be interesting to me to know if congestion of the lungs is regarded by any as being a distinct disease, with a regular set of symptoms course and duration.

There appears to me no reason why such a disease should not exist. I have had several cases which I could call nothing else. Here is one in illustration:

Case I.—When called to May D., aged five years, on February 5, 1884, I found her breathing rapidly, with red cheeks, hot skin, and a temperature of 102° F. The pulse was full and frequent, and she had a rather harsh, dry, freqent cough. Was very restless. Her tongue was dry, brownish in middle, with red tip and edges. At the base of right lung there was abundant medium-sized crepitation, a little semi-bronchial breathing here and there, and no dullness. By the evening the crepitation had extended nearly to the angle of scapula, and there was a very little at the extreme base of the left lung.

6th.—Had a better night; temperature not so high, less crepitation.

7th.—Scarcely any crepitation; cough much less frequent and not so dry and harsh. Breathing less rapid; temperature normal; tongue moist and white coated.

9th.—Very little cough; appetite good.

13th.—No cough. Gets up.

16th.—No crepitation; appetite very good; tongue clean.

Bronchitis, the beginning of lobular or lobar pneumonia, febricula accompanied with pulmonary congestion, suggested themselves. The first was eliminated because the temperature was too high, the physical signs were one-sided (or nearly so), and rhonchi was absent. The

* Read before the British Homœopathic Society. From *Hom. Med. Review.*

second was excluded because the child was not ill enough, and the physical signs were so much confined to one base. The third appeared more probable. The resemblance to the beginning of the stage of engorgement in pneumonia was very great ; but the want of a decided history of rigor, the patient's age, and the speedy recovery were against the idea that nature had intended this for a case of pneumonia. (I might remark in passing that if there be no such disease as "congestion of the lungs," such cases as this would stand in evidence that treatment can cut short a pneumonia.)

Febricula, I imagine, is not usually so severe, and I am unaware if congestion is a usual feature in it.

After thinking over the cases, of which the one reported is an example, it appeared to me that they might fairly be cases of pulmonary congestion.

Happily, though the static changes may not be clear, the selection of a remedy is usually easy in these cases. The patient had *aconite* the first day when restless, and *phosphorus* subsequently.

CORRESPONDENCE.

WICHITA, KANS.

EDITOR AMERICAN HOMŒOPATHIST :

Doctor Talcott, near the close of his address as published in your journal, uses the following language : "The time for courageous action has arrived. The time for unfurling the banner of Homœopathy, and waving it aloft above victorious battlefields is upon us here and now." There is a grea' deal of truth in the doctor's remarks, but do they apply to our homœopathic colleges ? Do they apply to the majority of our homœopathic doctors ? Do they fit the majority of our journals ? I think not. If not, then why not ? The colleges do not teach homœopathic theory or practice : nearly all their professors *alternate ;* their students are started out to prey upon the people with the idea in their heads that what the professors do they can too. Some of them write for the journals, and when we have a few minutes to spare we run across their hash, to our utter disgust.

If our colleges would teach their students the precepts of Hahnemann ; if the professors would read the Organon and follow its teaching, their students would graduate with honor and would be an honor to the profession ; their cures would be quick and marvelous ; there would be no foes for us to fight, and our banner would be like an American flag, proudly floating to the breeze.

Yours fraternally,

HARRY CROSKEY, M.D.,

Graduate of Hahnemann, of Phila.

SHREVEPORT, LA.

Editor of AMERICAN HOMŒOPATHIST :

In your journal dated August, page 279, Dr. Orme, in his remarks on the "Resolution to have a belief in Homœopathy incorporated in the requirements for membership in the American Institute of Homœopathy," says : "The founders of our Institute were men of liberal views, forced by oppressive circumstances to protest against the illiberality of the times, and to organize a separate medical association. But they did not exact a declaration of a belief in what physicians might know little or much about, and they were prepared to say to any seeker after the truth, as I would have the Institute say now: 'If you are thinking of investigating Homœopathy, if you wish to mingle with us who are engaged in its study and development, come with us and we will do you good.'"

Now let us see what the founders of the Institute *did* say. In their minutes of the first meeting which was held in New York City, April 10, 1844, and through which the Institute got its name, a preamble and resolutions in these words were adopted :

"WHEREAS, a majority of allopathic physicians continue to deride and oppose the contributions to the materia medica that have been made by the Homœopathic School ; and,

"WHEREAS, the state of the materia medica in both schools is such as imperatively demands a more satisfactory arrangement and greater purity of observations, which can only be obtained by associate action on the part of those who seek diligently for truth alone, and inasmuch as the state of the public information respecting the principles and practice of Homœopathy is so defective as to make it easy for mere pretenders to this very difficult branch of the healing art to acquire credit as proficients in the same ; Therefore,

Resolved, That it is deemed expedient to establish a society entitled, 'The American Institute of Homœopathy' : and the following are declared to be the essential purposes of said Institute :

"*First.* The reformation and augmentation of the materia medica.

"*Second.* The restraining of physicians from pretending to be competent to practice Homœopathy who have not studied it in a careful and skillful manner."

Does that look as though the founders of the Institute were willing to take in everything and anything that came along, whether they knew anything or nothing about the law of cure ? I think not.

Now let us go one year further into the life of the Institute and see what these same founders have to say.

Thursday morning, May 15, 1845. The second day of the second yearly meeting of the Institute, which was also held in New York City :

"On motion, *Resolved*, Not to admit as a member of this Institute

any person who has not pursued a course of medical studies according to the requirements of the existing medical institutions of our country, and in addition thereto sustained an examination before the Censors of this Institute on the theory and practice of Homœopathy."

Now if, in framing the constitution of the Institute, these Declarations and Resolutions were expunged, then I have nothing more to say; but if they were incorporated in the constitution (as they ought to have been), then the resolution referred to by the doctor is an unnecessary one.

But to say that the founders of the Institute exacted no declaration from any one in joining the Institute, is wrong, and places them in a bad light. J. D. GRABILL.

SOCIETY MEETINGS.

The Homœopathic Medical Society of the State of Oregon held its thirteenth annual meeting in the parlors of the Gilman House, East Portland. This society is doing good work for the cause of homœopathic medicine in the State.

Its newly elected officers are as follows: President, Dr. George Wigg; first vice-president, Dr. B. E. Miller; second vice-president, Dr. E. C. Brown; recording secretary, Dr. S. Lewis King; corresponding secretary, Emma J. Welty; treasurer, Dr. Osmon Royal; board of censors: Dr. C. E. Geiger, Dr. B. E. Miller, Dr. Emma J. Welty, Dr. A. S. Nichols, Dr. L. Henderson.

The papers presented and read before the society were as follows: Annual address, by the president, Dr. George Wigg; "Prophylaxis of Vaccination," by Dr. L. Henderson; "Arsenicum," by Dr. S. A. Brown; "Hip-joint Disease, Its Etiology, Pathology, and Diagnosis," by Dr. C. E. Geiger; "Purulent Inflammation of the Middle Ear," by Dr. E. C. Brown; "Ophthalmia Neonatorum," by Dr. Emma J. Welty; "A Case from Practice," by Dr. Calla B. Charlton; "Signs and Symptoms of Pregnancy," by Dr. B. E. Miller; "Parturition," by Dr. Wm. Geiger; "Sectarianism in Medicine," by Professor Wm. Tod Helmuth, of New York.

Next annual meeting the second Tuesday in May, 1890.

—The State Homœopathic Medical Society of Florida met at the residence of Dr. H. R. Stout, in Jacksonville, recently, with Dr. P. E. Johnson, president, in the chair. Dr. H. R. Stout acted as secretary. After a general discussion of business pertaining to the society, an election of officers was held, which resulted as follows: President, Dr. H. R. Stout of Jacksonville; vice-president, Dr. Ada F. Bruce of Tampa; secretary, Dr. C. W. Johnson of Jacksonville; board of censors, Drs. T. J. Williamson, Blanding, and P. E. Johnson.

The second annual meeting of the society will be held at Tampa the second Tuesday in June, 1890.

A Study of Man, and the Way to Health. By J. D. Buck, M.D., Cincinnati. Robert Clarke & Co., 1889. Pp. 302. Price, $2.50.

A cursory study of the title of this volume will give no one, save the initiated, an inkling of the true depth of its contents, nor the wonderful grasp of the master-mind in dealing with that most unreal of all real things, Man! It would be difficult to classify the book in any set group. It partakes in general of the psychological, yet it is intimately interwoven with the physical and physiological, a very evident design of the author being to write for the thinking middle classes, and not for a select coterie of metaphysicists. In this the author has succeeded. He has presented to the literary world a volume which combines the ethical with the practical in such well-balanced meter as to make it attractive as well as instructive to all. The limits of a medical journal will not permit the reviewer to enter into the detail of any literary output, beyond so much thereof as appertains to the medical profession; it would, however, be extremely laborious to apply that rule to this book, since Dr. Buck, himself a successful practitioner, has so powerfully interwoven the material man with the higher ideal of manhood as to make their severance hazardous to the unities of the work. Of the preface, it may be said, as of Hering's prefaces, it is worth several readings. In this the author blocks out the book and in a few pages of crisp, new language defines his subject. The chapters are: The Criterion of Truth; Matter and Force; The Phenomenal World; Philosophy and Science; Life; Polarity; Living Forms; Planes of Life; Human Life; The Nervous System; Consciousness; Health and Disease; Sanity and Insanity; Involution and Evolution of Man; The Higher Self, from a reading of which titles a very fair idea of the book may be had. Dr. Buck's style is terse, epigrammatic, yet withal pleasing and attractive. In his chapter on sanity and insanity he deals powerful blows for a national religion and a doing away with superstition. The Nervous System, Health and Disease, as well as the Planes of Life, are especially good. We recognize our inability to condense our review within a journal compass, and therefore desist, expressing the hope that the book will be extensively read and its teachings heeded.

Therapeutic Methods. An Outline of Principles Observed in the Art of Healing. By Jabez P. Dake, A.M., M.D., late Professor of the Principles and Practice of Medicine in the Hahnemann Medieal College, Philadelphia, and formerly Professor of Materia Medica and Therapeutics in the same; President of the American Institute of Homœopathy, 1857; American Edition of the "Cyclopædia of Drug Pathogeny," etc., etc. Otis Clapp & Son, Boston and Providence, 1889. *College Edition.*

In addition to the favorable notice given in these pages to the first edition, we can only say that we are pleased to have it so successful a financial venture as to necessitate new editions. The author says: "By an agreement with my publishers, and in deference to the wishes of medical teachers, who desire a convenient and inexpensive text-book on the principles of medicine, especially on the Institutes of Homœopathy, this issue will be known as the College Edition, and will be put within the reach of every student." The volume will fill a place which thus far has been unoccupied, a step between the doctor's (preceptor's) teachings and the Organon. Dr. Dake supplies this step.

Once well grounded in the principles of homœopathy, and a careful study of therapeutic methods, the Organon will cease to be the sealed book which it is to-day to the great majority not only of students but of practitioners. The volume bespeaks great learning, much laborious research, and a grasping of detail and its presentation in so palatable a form as to make it deservedly popular. One other, though a mechanical, detail we desire to mention; that is, as to the type. This is certainly most excellent: clear, large, and perfect. The presswork is on a par with the general beauties contained in the volume.

Charlatanry and the Religious Press. The Secretary of the American Medical Association at the thirty-ninth annual meeting, held in Cincinnati May 8–12, read a memorial from the Arkansas State Medical Society relating to advertisements of quack nostrums in religious newspapers. Personal certificates from clergymen and the editorial indorsements of those newspapers gave quackery a standing with the community which it would not otherwise have. Members of the medical profession were in the habit of treating clergymen gratuitiously, and this was the way in which they were rewarded. To accept such advertisements for the support of the paper was doing evil that good might result, and was inconsistent with the moral pretensions of the clergy. The co-operation of the association and that of State societies were invoked to secure a suppression of the evil. A resolution was passed approving of the memorial.

Announcement.—E. B. Treat, Publisher, 771 Broadway, New York, will publish, early in 1890, the Seventh Annual Issue of the English "Medical Annual," a *resumé*, in dictionary form, of New Remedies and New Treatment that have come to the knowledge of the Medical Profession throughout the world during 1889. The editorial staff of the forthcoming volume will include articles or departments edited by Sir Morell Mackenzie, M.D. (Laryngology), London, Jonathan Hutchinson, Jr., M.D., (Genito-Urinary Diseases), London, J. W. Taylor, M.D. (Gynæcology), Birmingham, William Lang, M.D. (Ophthalmologist), of London, James R. Leaming, M.D. (Heart and Lung), New York, Charles L. Dana, M.D. (Neurologist), New York, H. D. Chapin, M.D. (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will bear the name of "The International Medical Annual," and will be published in one octavo volume of about 600 pages at $2.75, under copyright protection, and issued simultaneously in London and New York.

GLOBULES.

—Goodell says the head of the child and not the perinæum needs support in labor.

—Item in a London (England) paper : Born—On May 12, 1889, at Darjelling, to the wife of John James Brown, Esq., a son (by telegraph).

—Dr. Bowen, of Ft. Wayne, says that no one ever dies with tears in their eyes. If tears are found, as in cataleptic patients, there is life.

—Erratum. In August number, page 274, 18th line from top, read "perinæum" instead of "peritoneum."

—Sir William Gull says that when fagged out by professional work he recruits his strength by eating raisins, and not by drinking wine or brandy.

—There are 300,000 blind in Europe, and 30,000 in England. Of this number not more than one-third should really be blind; the other two-thirds can attribute their blindness to ignorance and neglect.

—Dr. J. D. Kelly, of Severy, Kansas, insists (*Medical Brief*) upon the absolute necessity of repeated large doses of opium, together with perfect rest, in the treatment of threatened miscarriages. It is far better than chloral or any other drug so commonly employed.

—A half ounce of ground quassia is steeped in an ounce of acetic acid, adding a pint of water before steeping. A teaspoonful in a little water should be taken every time the liquor thirst is felt. It satisfies the craving and produces a feeling of stimulation and strength.

—B. G. Pullin (*Brit. Med.-Chir. Jour.*) gives the history of a number of cases in which he has cured warts on the hands by the use of small doses of arsenic, from one to three minims of Fowler's solution twice a day. He states that in every instance the cure has been rapid and complete.

—It is claimed that a few drops of the following: eau de cologne, ether, chloroform, three drachms each, poured on a handkerchief previously wetted with cold water and placed on the seat of neuralgic pain, gives instantaneous relief. It is also very efficacious for nervous headache. A burning sensation is felt at first but quickly disappears.

—In the removal of the tubes great care should be taken to remove them as close to the uterus as possible, so as to embrace the nerve trunk that enters the cornu of the uterus in the angle between the round ligament and the tube, which has been proved to have a powerful agency in the process of menstruation, and in the formation of tubal and uterine epithelium.

—"The Folly of Persecution." Under this caption Dr. Wm. B. Clarke of Indianapolis contributes a long paper to the *Indianapolis Journal* on Homœopathy, which is ably written and was doubtlessly extensively read. If this same spirit and enthusiasm could be infused into the leaven of current Homœopathy it would better for all concerned.

—Artificial light should be avoided by all those who can make use of daylight, or whose eyes are weak. It is absolutely necessary that the artificial light should not cause any smells or poisonous vapors injurious to the general health. Have the artificial light on your left, or let it fall from above; it should never be opposite the eyes; if it be uniform, sufficient, not flickering, it will not hurt; those who are obliged to work for many hours with constant strain of the eyes should from time to time pause, at least every hour, a few minutes, and, if possible, move about.—*Soc. for Prevention of Blindness—London.*

—It is a well-known fact that disease of the tubes is more common in married women, or in those who have had children or abortions ; also that the ovary is more commonly affected in single women, and is then frequently accompanied by defective development in the uterus.

—Dr. Criquelion, *Revue Hom. Belge*, reports the case of a girl, ten years of age, with incontinence of urine, which had lasted several years. She could not retain the urine during the day, and at night it would pass without waking her. Micturition was frequent and painless. She was under treatment for ten months, during which time a number of remedies were prescribed, but without relief. Gelsemium sempervirens 6x reduced the frequency of micturition and aided the retention in ten days, and three weeks later the cure was complete.

—Lavage, or washing out of the stomach by means of the syphon or stomach-pump, is said to be resorted to by Washington young men before going to dinner parties. The washing not only increases the capacity of the stomach, but has a very appetizing effect, besides brightening up the intellectual faculties and creating a feeling of general well-being. The young man is, therefore, thus placed in a condition to play both the hog and the gentleman to his best capacity.—*N. Y. Med. Times.*

—Whenever we are consulted for some thoracic difficulty we ought to make it an invariable rule to examine both lungs from top to base, and the whole præcordial region with due attention. And then should we fail to find any sign of deranged function or altered structure, let us go to work and investigate in the neighboring organs the possible cause of the trouble, in the stomach, liver, intestines, etc. We will often be rewarded by startling discoveries.—Prof. Arnulphy, in *U. S. Med. Mo.*

—The law of similia, like all natural laws, is the same yesterday, to-day, and forever. You let fall the stone, it falls till it reaches mother earth. The force of gravity does this.

You plant the kernel of corn, on it the dew falls and the sun shines, and we see "first the blade, then the ear, then the full corn within the ear." Yet, who can tell how the stone falls or how the corn grows? Neither can we tell why similia is true: yet by experience we know it is just as thoroughly a true law as is the law of gravity.—B. F. Bailey, M.D.

—This leads me to remark that the teachings of materia medica in most of our homœopathic colleges is sterile and a sham. It does not come up to the requirements of nineteenth century advancement in the science and art of medicine. They read off a list of so-called "key-note symptoms" and play with "cards of characteristics," leaving the students to go out utterly ignorant of the essential nature of the drug, its toxic or physiological action, its physical qualities, and its uses in regular practice. In a few years all these students, by study of these drugs from other sources, begin to find out something of their general uses. Not one in one hundred practice as they are taught in our colleges. The few who do so travel in a narrow rut, "learning nothing and forgetting nothing."—E. M. Hale, M.D., in *N. Y. Med. Times.*

OH-DON'TOLOGY.

Don't hypnotize the weak-minded or idiotic.

Don't let it slip your mind that short cases make long friends.

Don't rupture the membranes before the cervix is completely dilated.

Don't join the American Institute until it comes to your vicinity. Then slop over.

Don't permit of the extraction of a tooth in a pregnant patient unless absolutely necessary.

Don't let phthisical December sleep with robust May. It is a risk May may not take with safety.

Don't neglect to calm those suffering from mental shock, by a cheerful word and personal presence.

Don't start in practice among the friends of your earlier life. Your best hold is among strangers.

Don't let us make ourselves ridiculous by requiring a Calvinistic creed of homœopathic journals.

Don't have any more nominating speeches. Compel the candidate to stand on his name and reputation.

Don't make traction after the head is born, but allow the uterus to expel the shoulders and trunk unaided.

Don't give morphia for after-pains; you may quiet the pains, but you may likewise "quiet" the infant.

Don't extract the placenta until the womb is thoroughly contracted. This will reduce after-pains to a minimum.

Don't depend on carbolic acid and corrosive sublimate as disinfecting agents; experience has shown them defective.

Don't lose your temper when discussing principles. A principle that will not brook discussion deserves to be attacked and destroyed.

Don't assume that comment on an editorial implies personal strictures on the editor. Learn to dissociate your personality from your editorial work.

Don't go to Santa Fé, N. M., if you are a devotee of guzzling firewater. Low drinking saloons there are recognized by the signs of "Nose Paint."

Don't torture the baby by feeding it when it is lying on its back. Have it held in a half-sitting position, similar to the one it would be in if nursing the breast.

Don't cut directly down on a pin or a needle you wish to extract, but make a curved incision in the line of the wrinkles, lift up the trap door, and pull out the offending body.

Don't institute undue traction on the cord during the period of relaxation of the muscular fibres of the organ between the periods of contraction, else there will be inversion of the uterus.

THE

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FRANK KRAFT, M.D., EDITOR.
A. L. CHATTERTON & CO., PUBLISHERS.

THANKS, gentlemen of the homœopathic press! Your combined efforts have most effectually disposed of the "Elixir of Life." Brown-Séquard has at length been taught the lesson which his own school has so unanimously and uniformly inculcated. "Down every advancement made by the homœopaths! Disregard their offers of fair trials. Never mind about the test. It is not needful to commit murder to be enabled or entitled to speak knowingly of murder. Homœopathy is a fraud. We say so. Therefore." The "elixir" is a delusion and a snare. Give it a trial? Forsooth! Are we not members of a scientific body—a body non-sectarian, without a Calvinistic creed; shall we so far demean ourselves as to go into the merits of a new idea?

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OF the critics who are now diverting their readers, how many have essayed to make trial of Brown-Séquard's alleged discovery? Not one we venture to say. They each have much or little to say anent the ingredients entering into the composition of the "elixir"; the failure of originality: "a superstition of ancient Rome assigned to the testicular juices powers of rejuvenation"; and the dotage of the discoverer: "it is a pity that this once eminent physician should, in his old age, be led into such vagaries; it is a sign of a decrepit mind." These be the objections. How familiarly they read to the old homœopathic reader, who recalls the same (allopathic) objections to homœopathy: Hahnemann was in his dotage; the principle of similia was known to and practised by Hippocrates; the power claimed for his medicines was absurd because beyond the materialistic grasp of the allopath.

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RAPIDLY indeed are we becoming scientific—so scientific, in fact, that but a few years more, and we will be as intolerant as the old school. "Wait but a little" and the transition from homœopathy to allopathy will be so easy that the fetich homœopathy will be broken, and we be merged with the dominant school as one flesh and one blood. If ever homœopathy was typical of anything, it was a breaking away from old ideas and customs, and a directing of the mind into new channels. It counselled its votaries to be liberal, to explore, to investigate, to try, and to publish the failures. It required the patience and genius of Hering to give Schüssler's Tissue Remedies a foothold; yet, to-day, despite the labors of Drs. Boericke and Dewey, and the frequent cures published, Schüsslerism is frowned upon by the great majority of

homœopathic physicians. Why? Oh, because we are homœopaths, believing in a creed, which we do not believe. Dr. Pratt presents the profession with his remarkable discoveries in orificial surgery, with his long list of miraculous cures. He asks no royalty on his discovery. He offers it freely to all. We are scientific physicians, abreast of all the advance ideas of the day, and we open our scientific arms and take him to our scientific bosom. Do we? Well, not exactly. Why? Oh, because we are such rigid creed-reverencing homœopaths that we could not think of doing such a thing; and, besides, Dr. Pratt belongs to the *other* homœopathic college in Chicago.

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THEN there was Pasteur and his new theory. How we all thrust our tongues into our cheeks, said "Aha, aha!" and cracked our chestnuts and waxed exceedingly mirthful. All, said we? Nay. There stood out one homœopathic journal which did not sneeze when the others took snuff. The *Medical Era* had the manliness to be independent, and it has long since ceased to be alone. Other journals are quietly dropping into line, and many years will not elapse before the remainder of the medical press will be obliged to acknowledge the correctness of the *Era's* prevision. Our wayward cousins of the I. H. A. are at work with Listerism, demolishing its pretensions, and dealing sturdy blows to the "fad," similar to those used by the critics of the "elixir." With this difference, however, that Drs. Plummer and Bell, who have contracted for this work, have pursued the course which every honest man or woman adopts before condemning the accused: they have listened to the testimony on both sides, they have TRIED it in actual practice, and are honestly and scientifically convinced of its inutility.

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BUT as for Brown-Séquard—this later Ponce de Leon—and his fabled "elixir,"—bah, go to, the old dotard! "(Brown-Séquard is seventy-two.)" Gladstone, Tennyson, Von Moltke, Bismarck, and a few other dotards of Europe are seventy-two, plus. The daily press, with no *Odium Medicum* to subserve, gives its columns freely to the investigations. It chronicles from day to day the results obtained, and where one failure is reported, it is offset by a dozen successes. The child is hardly born as yet; the haste to inter it is indecent. It still liveth, though feeble. Not ours the task to keep it in life; ours simply the desire that it be given a fair chance; that it shall be heard before sentence is passed. We are such a magnanimous body of liberal and scientific physicians; we are so anxious to break down all Calvinistic creed and sectarianism; we are so fearful that our feast will not be partaken of voluntarily, that having first taken off the doors of homœopathy from our Institute, we send messengers bearing the glad tidings of liberality and go-as-you-please-in-practice to the recalcitrant, the lukewarm, the apostates, the eclectics, the allopaths, and the scientifics, and bid them come. But woe to him, who thus cajoled into fancied security by our promise of good things, if he be not arrayed in wedding garb; woe to him if he be clad about with ideas a century or a cycle in advance of OUR scientific notions! Bismillah! How we delight in rending him with our sharp pens! Out into the outer darkness with him! However, and yet again, however.

THIS is not exactly that time of the year when the busy doctor turns gladly from his medicine case to indite a half-dozen pages for his favorite journal. He has but now been delivered of his Institute paper, and a few weeks preceding that confinement he gave birth to a State paper, in the construction of both whereof he has burned the midnight oil, and for weeks his countenance "was sicklied o'er with the pale cast of thought." Since July he has gloried in his freedom from pen-work; and now with the advent of autumnal dysenteries, typhoids, bilious fevers, coughs, *et id omne genus*, with the Mighty Dollar in perspective, it is, as we say, not exactly that time of the year when a journal is safe in calling for manuscript. The AMERICAN HOMŒOPATHIST, however, has done this, and from one correspondent has received the intelligence that his time was far too valuable to be squandered on medical journals.

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WE give the correspondent the credit of being candid, but decidedly short-sighted. He is subscriber to a number of journals, and in a few spare moments allowed him from a busy practice, he reads them, and makes careful annotations in his Hering, Allen, Cowperthwaite, and other of our antiquated materia medicas. He is delighted and benefited by the experiences detailed by other pens, and in moments of reflection he wishes he had time to jot down a few of his own cases which have seemed to run in parallel lines with those read. It seems never to occur to this reader that if the do-nothing-ism and selfishness evinced by himself were the general characteristic of his medical brethren, no journals would be in existence to-day; and if any advancement were made in our profession, the infrequent appearing text-book would be the first knowledge thereof brought to the doctor's table. That there are many journals published in medicine, as in the other walks of life, that had better be out of existence, we shall not attempt to gainsay. That a journal trust should be formed—as has been bruited for some months past, to be controlled by the patent medicine venders—we deem no way out of the difficulty; if nothing worse would happen, it would be destructive of independent journalism, and in time the trust-journal, though doubtlessly filled with the choicest of scientific articles, would cease to contain a progressive idea; the advance thought would find no place in its pages. Conservatism would mark its work.

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TRUSTS, speaking in the language of the day, are unholy things, whether applied to coal-oil, coal, wheat, labor, books, or publications. Of the latter kind the profession has had several instances lately. A prominent professor and gynæcological practitioner prepared and published a book presumably filled with the latest advances made in gynæcology. In order, however, that this book might bring a handsome revenue to himself and his publishers, only a limited number were struck off and sold wholly by subscription, by agents who are sent through the country on salary. This professor knows his own business best, doubtlessly; and in any other line of trade this way of "bulling" the market would be fairly considered as decent; but we take it that a physician who traffics in medical knowledge at so much a page or column, with the very evident intent of letting no one within the

charmed circle of his knowledge, save and except him who pays this trust-royalty, has descended several steps from his pinnacle of greatness.

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WE have one other instance in mind to which we allude with sorrow. A repertory—a book as needful to the homœopathic practitioner as a Bible to a minister—has been completed. From the very inception of the work, the Journal in interest has advised the profession that it would be sold only by subscription ; that as soon as the full number subscribed for had been printed, the type would be distributed, and no plates kept. This has actually been done. Now what was the purpose of this maneuver? Every practical business man, and especially if a printer, or having to do with printing, knows that the greatest expense of a publication is in the composing, and the printing of the first one hundred or two copies ; that thereafter the expense is simply the labor and paper. Had this author or compiler been imbued with a proper motive—not that the getting of money by sharp dealing and shrewdness is an improper motive *per se*—had he been content with a fair remuneration for his time and services, the type of the Repertory might have been put into plates and stored away for reproduction as demand might arise ; or a larger edition published for the use of the profession ; thus putting within the reach of all medical men the means of becoming better prescribers. As it is, the entire output has been taken up by a few choice spirits, and if any journal in the school was favored with a copy for review purposes it has escaped our notice. "Thrift, thrift, Horatio !"

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TO return to our text. We opine that the profession at large, or, rather, as a whole, deems the importunities of the several journals for articles as partaking of the nature of a nuisance ; that the subscriber does his full duty when he pays his subscription, and ought not to be pestered for copy. Let him who has the time, write. It is well to reflect occcasionally that a medical periodical is what its contributors make it. Advertisements may, for a time, float the paper on which it is printed ; but in time the subscription will dwindle away ; not because the idle practitioner has failed to air his fine-spun theories, but because the busy practitioner has been too busy to give of his largess to his less busy brother.

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IT is the busy practitioner who has the important cases ; the cases which the journal is anxious to publish and the subscriber to read. And unless he will contribute, and not simply read what others say, he will soon resemble the shouters in a little burlesque which appears somewhere in "The Autocrat of the Breakfast Table" when he says that it had once upon a time been agreed that if the inhabitants of this earth would at a certain moment of a certain day, mathematically predetermined, all shout "Boo !" as loudly as they could, the inhabitants of the moon could be signalled. However, when the moment arrived, there remained the most profound silence, each person keeping quiet so as to hear the general noise. Our readers must contribute something

from their mental storehouse, if the interest in the journals is to continue. If all were readers, and none contributors, the end of journalism could not be far off.

ECHOES FROM MINNETONKA.

O. S. Runnels, M.D.—I had a case of urethritis perfectly devoid of suspicion of gonorrhœa. It tried me to the utmost. All means failed to do any good in that case. Death a thousand times a day would be drawing it mild. And I finally, in sheer desperation, put the woman under the influence of an anæsthetic and dilated that urethra to the point almost of rupture by the introduction of bougie and my finger until the muscle was completely paralyzed, and cured the case. Putting that sphincter completely at rest, by paralyzing its fibers until that irritation could subside, relieved this case. It may return again in a few months; or I may never have it to do again.

H. P. Holmes, M.D.—As to dilatation of the sphincter for vesical irritation, our friends across the water have lately been making some very interesting experiments on microbal infection of the bladder. They have found by experiments upon animals, and verified it in their clinical practice, that retention of urine favors the microbian infection. Ligation has been practiced, and direct infection of the pus microbe has given rise directly to cystitis, where the injection of the microbe without ligation will produce temporary retention. Now if this is the case, it stands to reason that one of the best things to do in that case would be to give such treatment, remedial or instrumental, as will relax the sphincter muscle and in this way prevent the retention of the urine.

Dr. A. C. Cowperthwaite.—The last patient I had in my office before coming to this place was a lady who was recently married to a young man whom I had treated for gonorrhœa five years ago, and thought I had radically cured. Said she: "Doctor, do you think he is all right; I believe I have got some bad disease." I recognized the fact that she had gonorrhœa. Some lady friends had doubtlessly warned her that she was in a bad way. I at once hunted up her husband, and from a careful examination and the absence of symptoms, I am certain that the man never had a symptom of gonorrhœa since I treated him. Once in a while he says he will notice, especially in the morning, a little drop of mucus in the mouth of the urethra. His wife has certainly an acute attack of gonorrhœa to-day, and that isn't all; there is no urethritis about it, but there is a cervicitis, and I haven't the slightest doubt from what I have seen of her that we have an ovarian irritation, and that it will pass through the whole of the generative intestine.

Dr. Roberts.—The majority of cases of gonorrhœa get no treatment whatever, and in my opinion the majority of cases are not benefited by treatment. The simple remedies aconite, gelsemium, cannabis, at the beginning of the disease are efficient in the treatment. Lately,

however, it has become my opinion from practicing in both schools that neither homœopathy nor allopathy has any remedy that is of any material benefit. In nine cases out of ten, if not ninety-nine in a hundred, they will get absolutely well. I believe further that four out of five cases of gonorrhœa in the female are never treated at all.

C. E. Laning, M.D.—Alcohol for its destroying and oxydizing power in the blood is contra-indicated in pneumonia and in any other hepatic disease ; it is contra-indicated in rheumatic disorders ; in the so-called bilious pneumonia, if the right lung is involved, simply because the movements of the diaphragm are interfered with, because the action of the liver and the passage of the bile from the liver and the exudation of the substances from the liver take place very largely through the action of the diaphragm pressing upon the liver. Now if you rob this lung of motion from any cause, then the diaphragm ceases to move.

In pneumonia you have that condition ; therefore, when you get a bilious pneumonia, look out for your alcohol ; you have got to administer it very carefully. Mention has been made of phosphorus to prevent fatty degeneration. I think that may be sometimes prescribed *a priori*. As scientific physicians we may learn the coming of a thing, as we know by the shadow of the coming event. You see a disease threatening, and you are put to it to give your remedies before the absolute thing has arrived. You must do this on the same principle adopted by Hahnemann when he prescribed belladonna as prophylactic against scarlet fever. So you may prescribe phosphorus or any other remedy to prevent fatty degeneration.

Thomas M. Strong, M.D.—I have been chief of staff of Ward's Island Homœopathic Hospital for six years. I was recommended by the Medical Board, and appointed by the Commissioners of Charities and Corrections. My duties are both executive and professional. There are nine physicians on the staff who report to me ; three go off every six months. There are twenty-five physicians and surgeons on the visiting board. We get our patients from the ordinary pauper poor of the city. They apply at the central office of Charities and Corrections to go to the hospital, and unless the Commissioner knows some good reason to the contrary he gives them a permit which takes them up to the examining office. Then he distributes the patients to the different hospitals according to their disease, or may reject them. Patients may choose our hospital, otherwise they send us the *pro rata*, usually about one in three or five. Discrimination could exist, but we have no reason to suppose that it does ; if it ever should, the Commissioners are right at our back to stop it. We receive every courtesy from the Commissioners and every attention that our hospital requires. It is a State institution. Our expenses are about $5000 a month. We have 570 beds. We treat everything except infectious diseases.

THE IMPORTANCE OF APPROPRIATE FEEDING AFTER THE NURSING PERIOD, IN PREVENTING DISEASES OF CHILDREN.

By H. M. Hobart, M.D.

THE attention of the profession and those having the care of young children has, of late, repeatedly been called to the great importance of selecting suitable food, and having it properly given.

The magnitude of this subject has been demonstrated by showing the very large mortality among children under one year of age, and by estimating the amount of this that is the result of improper feeding. While much has been written upon this subject, and many valuable and practical articles have been published by different members of the profession, still proof is abundant to show that quite a part of the profession is still very careless and apparently ignorant upon this question, which lies at the foundation of all successful treatment of very young children. But when we observe closely the way children are fed in the majority of homes, after they have passed the nursing period, we shall be convinced that at this time there is even greater carelessness, both on the part of physicians and mothers, than when the children were nursed at the breast and fed with a nursing-bottle.

That children from one to three years of age, to a large extent, do not receive appropriate food, given at proper intervals, is a fact so well known that I shall not take the time to present proof, by giving tabulated reports.*

The cause of improper feeding after the nursing period is two-fold: First, Ignorance; second, Carelessness and over-indulgence. Many parents would have their children properly fed, but the difficulty of selecting the proper food and giving it to them as it should be is great, and with the advice of friends whose children have survived in spite of improper feeding, the chances are that, without some timely directions from the family doctor, they will fail to solve this complex problem, and give little attention to the food question until the results of bad food begin to develop serious symptoms.

It is, however, doubtful if ignorance is the cause of as much bad feeding as is carelessness and over-indulgence. The mother is often occupied otherwise, and an incompetent nurse or servant feeds the little one. At another time he goes to the table, and an indulgent parent or grandparent says, in answer to his wishes: "Oh, that wont hurt him; if he wants it, that is proof that it is just what he needs"; and thus, from mistaken kindness, supply him with articles of diet which they consider suitable for his requirements because they know them to be appropriate for their own.

* These proofs can be secured at any time.

It is not, however, what a child eats, but what he digests and assimilates, that concerns us as regards nutrition. Food constantly taken into the stomach, but not digested and assimilated, proves a source of irritation and does harm.

Later, if the doctor is consulted about what he shall eat, he often replies carelessly, saying: "Oh, he is about two years old now, and can eat almost anything that does not seem to hurt him." Thus the foundation of impaired digestion is slowly and surely laid, which will in due time bring forth its fruits in impaired health or fully developed disease.

This is well illustrated by the following case: Lyon N., aged three years; the son of wealthy parents. He presented a history of repeated attacks of stomach and bowel trouble. He had been treated by an eminent physician for some months without permanent improvement. When the mother consulted me last October, she was becoming alarmed. We prescribed, and at the same time gave careful directions about food and clothing. The little boy did well and escaped the frequently recurring attacks of former months. Later the mother said to me that she had seen her former physician, and told him that the reason he did not succeed in the case was that he was "too high and mighty to look after such *little things* as food and clothing."

The bad effects of improper feeding may be seen at any period of life, but immediately after the nursing period, when the simple food upon which the child has principally subsisted thus far is withdrawn, he is especially exposed to this danger. As a result of inappropriate feeding at this period we observe three things: First. The child's appetite is perverted; Second. The digestive organs are so enfeebled that the power to resist disease is much reduced; Third. The most serious diseases are developed. Under perfectly normal circumstances instinct may guide us to a large extent in the selection of food. Even in the care of young children when fed upon simple articles of diet, the sensation of hunger will help to regulate the amount of food to be taken. In this way good feeding develops good habits in eating, both as regards quantity and quality of food.

On the other hand, in disordered conditions of the digestive system, there is such a perverted appetite that reason alone must decide the food question.

Uneasiness produced by acidity and flatulence will excite in children such a great desire for food, that they will often swallow whatever is offered them, although it will soon increase their distress.

Defective nutrition develops and keeps up an abnormal appetite. It is a matter of frequent observation that a child suffering from long-continued impairment of nutrition from any cause, has his power to resist injurious influences greatly impaired. In this condition he is

affected by causes so slight, that were he in a state of health they would pass almost unnoticed and would be powerless to do harm.

If the debility and emaciation of the child is very great, new diseases may develop, and at the same time give very little evidence of their presence. In this condition, says Dr. Eustace Smith, "the most serious diseases may give no sign of their presence. They begin more insidiously, run their course more slowly, give rise to fewer symptoms, and often end suddenly and unexpectedly in death. Although thus undemonstrative, they are not, however, on this account less dangerous. By offering an additional obstacle to nutrition they still further weaken the already enfeebled constitution." Hence the great importance of early recognizing and curing cases of impaired nutrition in order to fortify them against diseases which are so prone to develop during the critical periods of first and second dentition. We shall pass the host of acute and chronic diseases of the digestive tract, which are the direct result of bad feeling, by simply calling your attention to their importance, and to the amount of time devoted to their treatment by every physician in active practice.

In the great majority of cases of chronic wasting in young children the cause can be distinctly traced to improper feeding.

A more remote result is that disease may be thus developed by the rousing of some dormant diathetic tendency, and by developing some constitutional disease, as tuberculosis.

This is well illustrated by rickets, which is the direct result of impaired nutrition. According to Dr. Eustace Smith, "Rickets, although one of the most preventible of children's diseases, is yet one of the most common. It begins insidiously, presenting at first merely the ordinary symptoms of defective assimilation."

Cases sometimes occur where the mother, exhausted by disease or other causes, bears feeble children, who rapidly become rickety. Under these conditions the child is born suffering from the effects of defective nutrition in the womb.

After being nursed with poor watery milk, or bottle-fed, and stuffed with hurtful food, the natural result of such imperfect nutrition follows, and rickets manifests itself. Here the child cannot be said to have been predisposed to rickets, but suffering from a series of conditions of which rickets is the most natural outcome.

"Rickets," states the writer just quoted, "does not produce mal-nutrition, but mal-nutrition produces rickets. The infant is not born weakly because he has a rickety predisposition, but he falls a victim to rickets because he was born weakly. Still, by judicious treatment it may be stayed at any point of its career; and the treatment required is merely food. And our first care must be to endeavor to restore healthy nutrition." The successful treatment and prevention of rickets

always require careful selection of foods. According to old-school authority, until this is done medicine is of no avail.

Again, according to a recent writer, probably in all cases with predisposition to chest diseases, the actual outbreak of phthisis is induced by some external exciting causes, which consist of anything that interferes with the nutrition of the body.

It is also true that children whose parents have no history of consumption may acquire a form of pulmonary phthisis by continual exposure to insanitary conditions, which prevent the proper nourishment of the system. The above list could be increased so as to show that in the whole range of disease there are few exceptions where long-continued impaired nutrition is not a fruitful cause of sickness.

The choice of appropriate foods for infants and children is so intimately associated with their age and their inherited and acquired physical condition, that they must be considered as well as the food itself.

Usually an infant should be nursed at the breast until one year of age. But by making many exceptions to ordinary rules, much sickness can be prevented, and a far more robust and vigorous development attained. If the mother is consumptive, the infant should not be nursed longer than one month. If older children have become rickety or present other signs that the mother's nurse is very poor, the babe should be weaned at the end of the first or second month. If the nurse is good in quality, but deficient in quantity, the babe takes the breast as if famished, and after a few vigorous draws, drops it with a cry of rage. The fontanelle is level or slightly depressed.

At night he is sleepless and irritable ; in the day-time he wants to suck his thumbs or something else.

On the other hand, should there be an ample supply of poor milk, the nipple is taken with indifference. The child continues to nurse for a long time and finally falls asleep while at the breast.

Such hints as these, taken in connection with even slight defects in nutrition, a tardy development of the osseous system, or other abnormal conditions, indicate the need of supplementing the mother's nurse by artificial food, or having the child weaned.

Therefore, if the teeth are very late in making their appearance, the probabilities are that other food than the maternal supply is required. In a word, when a child shows any continued deviation from good health, as delay in the process of development, this is sufficient reason for believing that there is some defect of nutrition that may make serious inroads upon his health and development if not corrected.

In considering what food is appropriate for different ages and conditions, we shall simply give some general indications and individualize only so far as our limited time will permit.

In order to secure appropriate feeding it is necessary always to bear

in mind that a babe is not nourished by the food he swallows, but by what he digests and assimilates.

We can therefore state, as a general principle, that the best diet for a child is one so adapted to his age and digestive power that everything he takes will be digested and assimilated.

It is comparatively easy to select appropriate foods for a child who has inherited good digestive powers, and has been well fed up to the end of the nursing period.

Very skillful management is required, however, in order to obtain good results when a babe inherits weak digestive powers and has been reduced by disease or bad feeding. His case must be carefully individualized, and usually frequent changes must be made in his diet before proper digestion and assimilation can be established.

Still this, with the administration of the indicated remedy, will accomplish great things and enable the babe to escape a long list of ills. The best food to commence with is fresh cow's or goat's milk, alone or in combination with other food.

In cases of weak digestion, the "strippings," or the top of fresh milk, taken off after standing about two hours, diluted with two parts of boiled water, with a small amount of sugar of milk added, usually agrees. This reduces the caseine and increases the fat and sugar, which renders it very similar to mother's milk. Similar results are obtained by adding cream and water, viz.:

Milk	℥ iiss
Cream	℥ ss
Boiled water	℥ ii
Sugar of milk	℈ j

Children fed for a long time upon condensed milk, even when they are fat and large, and seem to be doing well, are pale and flabby and possess little power to resist diseases, and are liable to develop constitutional disease.

This we have repeatedly verified. Condensed milk is only fit for partial or temporary food. Farinaceous foods given alone are objectionable on account of their difficult assimilation. They are excellent when given in combination with milk, either on account of the nutrition they contain or their mechanical action in separating the particles of caseine and making the milk curds less dense, hence more easily digested. There is a long list of artificial foods, some of which are very valuable, either alone or in combination with milk, as foods after the nursing period. For their application I refer you to the compilations of Dr. Peck in the Transactions of this society for 1886.

In conclusion, I want to call your attention to a few matters that are of immense importance in guarding against disease at this

period. The manner and time of feeding should be prescribed by the physician, as well as the kind of food. These directions should be very explicit and definite in order to have them followed, and they must frequently be given in writing. In the first place, we must select a diet which contains in itself all the elements of nutrition, and in such a form that the child can with ease digest and assimilate. When we are well acquainted with a diet suitable to a healthy child, we must remember that the digestive organs of a child with impaired nutrition are deranged by apparently trifling causes, and prescribe a diet suitable to his own condition and digestive power. The weaker the child the more nearly his digestive power resembles that of a new-born infant. A child at this period may be fed by means of a nursing-bottle with rubber nipple only, or a spoon, or both. He should be fed slowly, and solid food should be well masticated. There should be regular hours for feeding. This is more important for children than adults. In health every three or four hours is often enough. Farinaceous foods should be thoroughly cooked ; some, as oatmeal, require four hours' constant cooking. Most food should be prepared fresh for every meal. Perfect cleanliness is indispensable. Some children require only a farinaceous and milk diet up to two or even three years of age. Usually after the first year, a child should have broth and meat soups, and later fruits and vegetables to a limited amount, eggs, roast beef, beefsteak or mutton-chop, minced, pounded, scraped, or sliced, as the case may require. Fried food highly seasoned, or made-up dishes, ought to be excluded. All condiments except salt are injurious. Tea, coffee, wine, and beer should be entirely forbidden. Pure water or milk should be the only drink. The habit of eating between meals should not be allowed. If we shall fully realize the great value of appropriate food, properly given, as a prophylactic measure, and have children well fed, we can scarcely estimate the amount of sickness that would be prevented and how many more children and adults would enjoy vigorous health.

Chicago, Ill.

KALI CARBONICUM IN BRONCHITIS.*

By E. A. Neatby, M.D.

MR. S., aged about fifty-six, a stout, heavy man, has had bad winter coughs for several years. This year the cough has lasted four weeks, keeping him a prisoner in the house. During the day there is wheezing, with occasional fits of coughing, but toward evening aggravation begins (at about six o'clock), and it is impossible for patient to

* Read before the British Homœopathic Medical Society.—From the *London Medical Review.*

lie down in bed. Even if propped up a sensation of something in throat-pit (larynx or trachea apparently) causes fear of suffocation and paroxysms of violent cough, only ending when some thick, grayish, very sticky mucus is expectorated. It is not stringy and difficult of removal when once detached from its site ; on the contrary, it *often flies unexpectedly from the mouth* after long coughing. This indication I regard as a so-called keynote for kali carb. But it is not to be supposed that this is prescribing on one apparently trivial symptom. It is well known in both schools that carbonate of potash benefits (if it does not also cause and cure) a paroxysmal cough, hence its use in pertussis. A cough worse in the evening and at night (Jahr), worse from lying down in bed, especially on the side (Bönninghausen), and having its exciting cause quite in the upper parts of the air-passages, would indicate kali carb., and many other remedies also. If such a cough were also accompanied with *tenacious mucus*, very difficult to expectorate, or with a sensation as of some partially loose substance not wholly detached, kali carb. would still be indicated, and many of the other remedies excluded. To refine still further—cough and expectoration as above, plus unexpected flying from the mouth of the very cohesive mucus, would precisionize our prescription still further. It indicates, first, a very violent cough ; second, a peculiarly semi-solid mucus, very adherent to its original site, but detached in a defined mass, having no tendency to adhere to the passages it traverses (as with kali bich.) and therefore very liable to be summarily and unexpectedly ejected from the mouth by the violent cough.

The patient described above began k. carb. 30 about seven o'clock P.M., his evening aggravation having already commenced. He took it every hour, and had a better night. He continued it next day every two hours, and had a good night ; subsequent progress was good.

Possibly the symptom emphasized may occur without the characteristic cough and expectoration. I have never met it, however, except in this association, or with one or two other symptoms, also under kali carb. Were it found isolated it would form no safe guide to the administration of the remedy—this would be prescribing on one symptom only. The use and abuse of "keynotes" is thus illustrated. The same symptom is said to have been a guide to the use of badiaga and chelidonium, but of these I have no experience.

CASE II.—January 12, 1887, J. S., aged seventy-eight. Cold and cough six weeks. Cough most in mornings on rising, excited by tickling of throat and soreness. Expectoration flies out of mouth ; aching of abdomen ; tongue dry, must drink at nights. Taking sip water relieves cough. Kali carb. 30, three drops every four hours.

A week later the cough and expectoration were very much less. Subsequent progress uninterrupted.

LONDON, ENGLAND.

MAL-POSITIONS AND RUPTURED PERINEI.

By M. W. Vandenburg, A.M., M.D.

ON receipt of the very early to arrive August number of the American Homœopathist, the table of contents called my attention at once to Dr. Comstock's paper on "Occipito-Posterior Positions in Labor," for I had just the day before had such a case.

The mother, a woman below medium size, of moderate pelvic capacity, was delivered twenty months previously of a good-sized child, after between three and four hours' labor. That was her first child; the head was left occipito-anterior. This time it was left occipito-posterior. Labor began at 10 A.M., with not very strong nor frequent pains, but almost immediate discharge of water (liquor amnii).

This drainage had kept up with every pain, until when I reached her, at 3 P.M., there did not seem to be a spoonful left in the uterine sack.

The os uteri was dilated to about three inches, the fœtal head plainly felt, but not as low as it should be; surrounding tissues soft and pliable during the absence of pain; the mother in good condition and fairly hopeful, though of course apprehensive.

As the pains progressed, a band of tense, thin fibers, stratching from side to side across about half of the dilated os, could be plainly detected. A dose of bell. 3x, and manual dilatation and pressure, which I think of much more importance than the drug, soon reduced this band to the rest of the mass. As the pains continued to increase in frequency and force, the os was dilated by the hand more and more *during the pains*, three well-*soaped* fingers being introduced into the vagina. The anterior lip was carried above the os pubis, and made secure from bruising by the fœtal head, as it always should be in every case of labor. There is no excuse for any other course in normal labor, unless the vaginal orifice is very much contracted. And when that is the case, manual dilatation of this is a most important indication, and one not to be delayed for a moment.

In the present case, while the perineum had regained its tone during the past twenty months, it was by no means so unyielding as at the first confinement. That the forehead was against the pubic arch I saw from the first. The state of the case did not seem to offer any hope of altering this. With the more and prolonged expulsive efforts, the voluntary reinforcing the involuntary, there was a marked descent of the vaginal walls, so that a large tumor of œdematous tissue presented in the upper commissure, as well as redundant sides. With the cessation of each pain, the tissues were replaced, and the anterior central mass pushed above the fœtal head and os pubis. When now the head was just ready to emerge from the womb, and impaction still imperfect, though

there had been a perceptible descent, the mother was placed on her knees beside the bed. Previous to this she had been in any position in which she could find most relief, but most of the time on the back or on the left side. As soon as the position was changed, a visible improvement in the descent took place. With the third pain the head was delivered, the face of the child presenting under the pubic arch. The mother was now lifted to the bed. With moderate traction, and strong voluntary expulsive efforts, the face rotating toward the mother's right leg, the delivery was accomplished, and the child, though considerably cyanosed, after a little began to breathe and cry. This was just one hour and a quarter after my arrival.

The head was much elongated, and almost in a direct anterio-posterior direction, was quite large for the size of the body, and the bones well developed.

This is by no means the first child that I have seen presenting face front below the pubic arch.

In no case has there occurred a rupture of the perineum. I have come, each year of my practice, to think more and more this accident the fault of the physician.

It has fallen to my lot to meet some pretty severe cases of firm perinei, especially in primiparæ, and in *only one case* was there a perceptible rupture of even the edge.

In this case, I attended two women on the same night, and as they were some two miles apart, one was left to herself while the other was delivered.

The second one was a primipara, and the parts were very unyielding. The head was down full against the perineum on my return. The rupture was partial—about one-third, I judged—and after three years no evil effects seem to follow, as far as I can learn, for the family are still on my list.

What is the reason for this good luck, if such it may be called ? My answer is, manual dilatation.

Except in cases of precipitate labor, the perineum should be dilated enough by the time the fœtal head reaches it, to admit the whole hand easily, and *without pain*. If that is the case, one, or at most two, good pains, aided by the mother, will put the head safely through. It is just at this stage that the most careful, cool, wise judgment is needed.

I think I have seen not a few cases where the unchecked voluntary efforts of the mother would beyond a doubt have ruptured the thin edge.

Tell your woman beforehand that she must obey you *implicitly* in the supreme moment, and what will be the danger if she does not. When the head rests on the tense perineum, and the edge is almost ready to pass over the greatest circumference, tell her to "go slow," to "push with less force," or to stop entirely. Give the tense edge a few seconds

to relax, and with your well-soaped hands work it gently with the *flat palms* over the obstructing circle as you would a tense rubber band, and I think you will agree with me that ruptures of this band of elastic tissue are most unnecessary occurrences, except in very rare cases.

I will make no exception in cases of impacted head and the necessary use of the forceps.

Even in such cases, and I speak from experience, I must regard the tearing of the perineal band a most reprehensible practice. If one exists that might not have been dilated with patience and persevering care, I have not met that one in practice.

If it were not too long, I might say almost as much of rupture of the cervix uteri.

Fort Edward, N. Y., August, 1889.

THREE CASES OF PUERPERAL CONVULSIONS.*

By E. H. Ellis, M.D.

THERE is, perhaps, no malady in the whole field of medicine in which quickness of comprehension and ability to do something is needed more than in the one giving title to this paper. It is not my purpose to deal with the pathology of puerperal eclampsia, or detail the treatment previous to the attack, but rather to report, somewhat fragmentarily, certain cases where, the convulsions being already present, anæsthetics played an important part and aided in a favorable termination.

Case I.—Was called at 4 A.M. July 11, to Mrs. M——, primipara, seventeen years of age, small and close built; had been in labor about six hours; os well dilated, head well down and in a normal position, but very large. She seemed to be progressing rather slowly, when all at once I noticed a peculiar look to her eye, immediately followed by a twitching of the mouth. I had a case of ether with me, so lost no time, after the tonic part of convulsion had ceased, in bringing the patient under its influence; then transferring the charge of the ether to the nurse and applying the forceps, we soon delivered the mother of an eleven and a half pound boy. After getting the afterbirth more convulsions seemed imminent, so we continued giving the ether freely until 11 A.M. when we let her come from its influence. But no sooner was she conscious than a most powerful convulsion seized her. We then continued the ether until 4 P.M., when she showed a tendency to a far less violent spasm. We still continued giving a moderate amount of ether until 8.30 P.M.; then she seemed all right; so much so, indeed,

* Read before the Worcester County Medical Society.

that she asked us to "get her something to eat instead of gaping at her." I stayed with her all night, giving her a mild dose of chloral, per rectum, every three hours, as a precaution. Next day gave an ordinary remedy. In about two weeks she was about the house, enjoying her usual health. I will here state that I had no opportunity previous to confinement to examine her urine or to question her; but from her statements since made, she had all the premonitory symptoms of convulsions.

CASE II.—Jan. 6, I was called at 1.30 A.M., to see Mrs. S——, aged forty; she had given birth to one child, which lived but a few hours; was never a strong woman; was seven months advanced in this present pregnancy. Five days before, she had had a convulsion; since that time a regular physician visited her from four to six times a day, giving her, hypodermically and otherwise, from one-fourth to one-half grain of morphia every few hours, believing by so doing that he would be able to carry her to full term. But the convulsions came on violently on this morning in question, she having had three, one following the other. It was high time something was done. We put her under ether and sent for counsel, who agreed with me that labor must be induced. After five hours' tedious work we delivered a seven months' living child, who, however, died soon after delivery. My counsel was not sanguine in this case. When I urged the continuation of the ether, he said she would die; if the convulsions did not kill her, the ether would; but he thought she would die easier under ether than of the convulsions. So we continued with ether for about eleven hours, with chloral for a number of hours more. The recovery in this case was slow, but she has good health at present.

CASE III.—Was called as counsel in this case, and assisted to its termination. It occurred in a doctor's family in a neighboring town. Patient was a primipara, aged twenty-eight, in eighth month of pregnancy; her urine previous to the attack showed a large amount of albumen; she had headaches, etc., but seemed very comfortable and well in other ways. My friend, the doctor, was kindling a fire downstairs at 6 A.M.; had not seen his wife for three or four hours before, having been called away. He heard a strange noise upstairs. Running upstairs to his wife's room, he found her in a frightful convulsion; he etherized her at once and sent for help. As soon as we could we dilated the os. It was slow and tedious work, but after seven or eight hours had elapsed we had the satisfaction of delivering her of a living child. The convulsions still threatened at every opportunity, and no doubt, if they were allowed their full sway, would have ended the case summarily. But, to make a long matter short, we bought up all the ether and chloroform in town and sent for more. As nearly as I can recollect, between nurses and doctors, we continued anæsthetics for

nearly sixty hours. From time to time we would lessen their administration, but if she showed any signs of convulsion, we continued again. We finally got to a safe place. She was wonderfully bright for one who had taken nearly nine pounds of ether and chloroform and gone through so much; she made a very satisfactory recovery, though a very slow one. The child is alive and well, despite of nurses' sayings, and being born in the eighth month.

These, gentlemen, are but crude facts; but time has forbidden me a more elaborate description and discussion of these cases. To sum up, the indications are much the same in all cases. We should do what we can to act on the nervous system, so as to moderate central irritability and reduce reflex excitability to a minimum. Advocates of the c. m. might, perhaps, bring this about with one dose of an exalted attenuation of the "appropriate" remedy; but I, in my fright and stupidity, depend chiefly on my anæsthetics, and hitherto they have served me well.

MARLBORO, MASS.

HYSTERIA.*

BY STELLA HUNT, M.D.

HYSTERIA is a disease that has been described from the time of Hippocrates to the present day. The literature on the subject is voluminous and confusing. There are as many different theories as writers. Each case you meet with in your own experience presents a new phase, and you are left to draw your own inferences.

In describing hysteria, or a typical case of it, one is placed in the position of Max O'Rell in describing the American people—a people, he says, represented by every nationality, with a population of sixty millions—"Yes, sixty millions! all alive and kicking." "There are Americans in plenty, but the American does not yet exist."

So with hysteria; it is a disease in which "all the ills that flesh is heir to" may be simulated; a disease in which there is such a lack of uniformity in the symptoms and such different manifestations in each subject, that while there are cases innumerable, the hysterical case does not yet exist.

One writer calls it a "protean disease," another a "perplexing malady."

In the first place, the name misleads you. Hysteria is from a Greek word meaning "uterus," because it was reputed to have had its seat in that organ. The ancients supposed it originated in the ascent of the uterus to the diaphragm and throat. According to them this organ was

* Read before Hom. Med. Soc. of Ohio, 1880.

extremely accommodating, and could wander at will throughout the body, doing all manner of mischief.

This view that hysteria is due to disorders of the womb is incorrect, for the disease exists in women in whom all the functions of the uterus are healthily performed, and even in women born without a uterus. "It is high time," says one of the latest authorities, "for the medical profession to throw off the thralldom of this ancient view."

Chambers asserts the truth when he states that hysteria "has no more to do with the organs of reproduction than with any other of the female body; and it is no truer to say that women are hysterical because they have wombs than that men are gouty because they have beards."

The writer who throws most light on the subject defines hysteria as a "functional disease of the cerebro-spinal axis, characterized either by special mental symptoms, or by motor, sensory, vaso-motor, or visceral disorders related in varying degree to abnormal psychical conditions." "It is not abnormal ideation, although this is so often prominent; it is not emotional exaltation, although this may be a striking element; it is not perversion of reflexes and of sensation, although these may be present. Some would make it a disease of the womb, others an affection of the ovaries; some regard it as of spinal, others as of cerebral origin; some hold it to be a disease of the nerves, others claim that it is a true psychosis."

According to Dunglison, "It is a species of neurosis, classed among the spasmi."

While the spasmodic seizure or paroxysm is the central feature of hysteria in many cases, yet there are cases which pass through the whole course of the disorder without a spasm of any kind.

In regard to the hysterical diathesis frequently spoken of, according to one author "every hysterical woman is stout, short, dark, plethoric, full of life and health. The complexion is brunette and ruddy, the eyes black and sparkling, the mouth large, the teeth white, the lips of a carnation red, the hair luxuriant, etc."

If we turn to Weir Mitchell we find "a low level of health" and a "weak will" characteristic of hysteria. Todd describes a peculiar expression of countenance which he calls "facies hysterica," the characteristics of which are "a remarkable depth and prominent fullness, with more or less thickness of the upper lip and a peculiar drooping of the upper eyelids." Mills agrees with him so far as to say that this appearance is presented in a fair percentage of cases, especially in male hysterics.

According to Hammond, "the disease takes women as it finds them, blondes, brunettes, stout, thin, strong, weak, ruddy, or pale, there is no choice. Some hysterical women," (he uses the word "women" entirely

too often) "have delicate figures and intelligent minds"; others with "dull, stolid faces give evidence of their stupidity."

Hammond is all right as far as he goes, but he leaves the men entirely. Chas. K. Mills treats the subject fairly and squarely. He states that it is all-important to emphasize the fact that hysteria is *not* exclusively a disease of the female sex. He describes in a matter-of-fact way that hysteria in men takes on almost any form that it does in women; that it may affect the strong, though it is more often seen in the weak and effeminate (even strong, vigorous workmen, he says, are susceptible to it); further, that the disease in the male sex is often overlooked because hysterical symptoms in men are frequently classed under other diseases.

Many authorities agree that the first great cause of hysteria is sex. Hammond asserts that out of 332 hysterical cases three were of the male sex; Briquet, out of 1,000 cases, fifty were of the male sex. Mills says that he believes the proportion of hysterical women to hysterical men is really less than Briquet's statistics show; instead of twenty female subjects to one male, fifteen to one would be nearer the truth. Could we get at the true statistics, this proportion would be greatly reduced.

"Want of occupation" is claimed by Hammond as another "powerful predisposing cause" of hysteria in women. In savage countries where women *work*, he asserts that hysteria is unknown.

Weir Mitchell chimes in and gives as his reason that hysteria predominates so largely in the female sex is because "women lack those distinct occupations and aims which in the lives of men are like the steadying influence of the fly-wheel in an engine." These two authorities echo the sentiments of many others.

In this present busy age, when woman's *work* is extending in every direction, and the world is wondering what she will take up next, a century that Victor Hugo cries "is woman's," the question arises whether it is not time for hysteria as a disease among women to be dying out. Are there as many cases now as formerly? One of the latest works published this year on diseases of women does not even mention hysteria. If we could only get at the real statistics! But "statistics on this subject are deceptive." We can get some idea of the truth by looking back through the history of hysteria.

Throughout the middle ages, up to our own time, we find in all countries, civilized and uncivilized, some of the most extraordinary epidemics classed by medical writers under different phases of hysteria.

In 1374 there was the "dancing mania" at Aix la Chapelle, affecting large assemblages of men and women. It subsequently spread through Germany and broke out in several parts of Europe during the fourteenth and fifteenth centuries.

The Brotherhood of Flagellants, an early religio-nervous craze, is another example. They formed themselves in large processions, carrying scourges with which they lashed themselves violently. Flagellant processions were witnessed at Lisbon as late as 1843.

In 1731 there were the Jansenist Convulsionaries, a fanatical sect of Jansenists, who visited the tomb of a certain Francis of Paris, where they threw themselves down into the most violent contortions, rolled upon the ground, imitated birds, beasts, fishes, etc. This epidemic lasted off and on for fifty-nine years, and was quelled only by threatened imprisonment.

In Great Britain, 1760, a religious sect known as the "Jumpers" prevailed, those affected jumping continuously for hours. Epidemics of this kind broke out in other places. The New England witchcraft is an example in our own history. The "Jumping Frenchmen" of Maine and Northern New Hampshire are described by Beard as late as 1880.

The writers who give accounts of these epidemics lead us to infer that there were equally as many men affected as women.

One of the latest epidemics of this kind, and one within your own experience—one in which the male population was affected out of all proportion to the female—was witnessed during our last campaign.

A daily paper describes the epidemic in New York as follows: "During the last campaign, New York went absolutely and undoubtedly mad." "Her streets were filled with shouting, frantic mobs. The police were kept busy with frequent collisions. Never were there seen such gigantic parades. There was the roar of drums and flare of torches." The contagion of hysteria is spoken of by many writers.

Hammond gives an account of a whole hospital ward of women thrown into paroxysms by one hysterical subject. Here was an example in which the whole male population of the United States was thrown into a hysterical state.

Mills says that hysteria in the United States may assume almost every form, because American people represent every race and nationality. He spoke truly. There was every variety of manifestation witnessed in this last epidemic. In our large cities, notwithstanding electric cars and cables, men were seized with an irresistible desire to wheel each other through our prominent streets in wheelbarrows. That "craving for sympathy," another characteristic of hysteria, was strongly manifested in the face of a tall, thin, haggard-faced individual, who was wheeling around a shouting four hundred pounder. Hammond asserts with emphasis that the society of hysterical persons should be avoided, and that even meeting with such is dangerous. His advice is worth heeding. Many persons not previously affected, when they beheld the actions of those afflicted, were excited alternately to tears and laughter. The disposition to laugh and cry was a pronounced symptom in the well-developed cases—

only the symptoms were sort of divided—while some laughed hilariously, others had the most doleful expression of countenance. One man was seized with a mania to shake hands with everybody. He was under a delusion that he had to shake hands with fifty strangers. As he advanced, bowing and offering his hand, some of the passers-by wanted to thrash him. The ladies were especially displeased at his daring. A sympathizing friend, who stood by, quelled the disturbances and appeased the injured feelings of the ladies by touching his forehead and saying in a sad voice, "Don't mind him, madam, out of his mind, out of his mind." And one old lady was heard to remark, "So young," she said, "so young, and mad. Ah! what a pity!" Another case was that of a well-dressed merchant who imagined he was a peanut-vender, and stood on the streets selling peanuts. Another afflicted friend knelt on the pavement blacking the boots of a long line of friends. Another one promenaded the streets in full lady's costume; others disguised themselves as birds, beasts, fishes, etc., followed by the omnipresent *small boy* and his tin horn.

There was one epidemic of the middle ages in which those affected attempted to mutilate their bodies. Cases of this kind were frequent in the present epidemic. You met men with their eyebrows, their hair, or some other accustomed ornament, shaven off.

One interesting case was that of a man with a stubby beard on one side of his face, while the other side was cleanly shaven. The cases quoted were "but straws in the current," as one paper says, compared to the great number affected.

Dr. Annie Shaw, in describing the outbreak in Indianapolis, says the streets were filled with a howling, surging mass of humanity, that seemed to have gone stark mad. There were men pounding each other's heads, jamming their hats, slapping each other on the shoulders, shouting, jumping up and down, hugging each other—men so big it took three armfuls to go round—and yet she says, "You men say women are emotional." According to Hammond, "hysteria consists essentially in a predominance of the emotions over the intellect, and especially over the will." This was characteristic in this epidemic.

In this age, when old traditions in history, theology, literature, are being torn away in the search for truth, is it not time we had some light thrown on this subject?

That men have a large emotional side to their nature cannot be denied; that it may predominate over the intellect and will has been demonstrated. The fact that the manifestations of hysteria during a recent epidemic were confined so exclusively to men gives rise to the question as to whether those "distinct occupations and aims, which in lives of men are like the steadying influence of the fly-wheel," have not changed during the past quarter of a century, and whether, sooner

or later, hysteria will not be classed as a disease peculiar to the male sex.

The different phases of hysteria, epilepsy, hystero-epilepsy, catalepsy, ecstasy, etc., it will be impossible to describe, as each would require a separate paper.

In regard to the pathology of this disease, hysteria is a functional disease, and offers nothing to the science of morbid anatomy. Charcot inclines to the belief that in grave forms of hysteria either the brain or spinal cord is the seat of temporary modification which will in time give rise to permanent material change. Autopsies reveal nothing, unless it be a suspicion of congestion in certain parts of the brain.

There are two principal theories in regard to the change that takes place in the nerve centers of the cerebro-spinal axis during an hysterical attack.

One is the vaso-motor, in which the change is vascular, either congestion or anæmia being present. The other theory is the dynamic, in which the change in the nerve centers is molecular and of some undemonstrable character.

Mills, in summing up the pathology of hysteria, considers the anatomical changes as *temporary*, and that, while they may occur in any part of the cerebro-spinal axis, they generally occur in the cerebral part, and that the changes are both dynamic and vascular.

"The psychical element enters in, in that either, on the one hand, violent mental stimuli which originate in the cerebral hemispheres are transmitted to vaso-motor conductors, or, on the other hand, psychical passivity or torpor permits the undue activity of the lower nervous levels."

There are a few points I wish to call attention to in closing this paper.

Heredity has a great deal to do with the development of hysteria.

No age is free from the disease, though it occurs oftener between fifteen and thirty.

It may occur in any rank of life, less frequently in the middle classes.

It may be caused from no work, overwork, or irritating work.

In the treatment of hysteria you have the whole materia medica to choose from, and all forms of treatment, from cold water to moral suasion and faith-cure.

Weir Mitchell claims "the whole mode of treatment rests on a study of character, and a moral diagnosis is the first step to be taken."

Each case is a law unto itself, and requires all the tact and patience a physician is capable of, testing his knowledge of human nature, his intellectual ability, and his highest mental qualities.

Hatch and Fuller Sts., Cincinnati, Ohio.

MEDICAL LEGISLATION.*

By J. P. Dake, M.D.

FOR twenty years each General Assembly in Tennessee was worked upon by special committees of the old school State Society, and for a dozen years, also, by the State Board of Health, for the enactment of a law creating boards of medical examiners, with power to inspect diplomas and examine candidates for license to practice medicine, and to reject such as were not in accord with the demands of the American Medical Association.

By an appeal to a sense of fairness in the members of the Legislature, and by a showing of the evil tendencies of such restrictive measures in general, the bills brought forward were defeated.

At the session closed a few weeks ago, by a concerted action on the part of the society and the board mentioned, a bill more liberal toward dissenting schools of medicine was gotten through, creating a State Board of Medical Examiners, to consist of six members, and to have representatives of the Allopathic, the Homœopathic, and the Eclectic schools.

As formulated and passed by stealth through the Senate, the bill provided that the members of the Board should be nominated to the governor by the State Board of Health—an institution fully dominated by the old school ; and it provided further, that diplomas sufficient to secure a license should be from colleges recognized by the American Medical Association.

By some efforts to enlighten the members of the House, the bill was amended, so that the governor should be left free in making appointments for the Board, and so that each candidate for a license should be examined as to his credentials and passed upon by the members of the Board representing the school to which he claimed to belong. The Senate afterward adopted the amendments, greatly to the disgust of the originators of the bill.

It was provided that each candidate accepted upon his diploma should pay one dollar, and each one approved upon examination should pay ten dollars, to the Board ; and, further, that by way of compensation for time and money spent in travel and other ways, the members of the Board should receive nothing beyond the money thus paid in for licenses.

On all sides the law was considered a dead letter, because it was pleasing to nobody, and because the honor of a place on the Board was considered a poor inducement for the waste of time and money

* From Report of Committee on Medical Legislation submitted to the American Institute at Lake Minnetonka, June 26, 1889.

called for in the organization and running of the machine. The Homœopaths and Eclectics were opposed to the Board idea, and those calling themselves the "Regulars" were not pleased with the name "Allopaths" as given them by the Legislature. Besides, the latter have felt chagrined at being obliged to sit upon the Board as only the *equals* of the detested "irregulars," of whom they desired and hoped to make an ignominious end by means of a medical board. Such has been their distaste for the association and the name assigned to them, it has been hard to get the more able and prominent of them to accept appointments. Two have declined before the Board is a month old.

Had the governor been possessed of any backbone, or been able to rise above the motives and influences of petty politics, there would have been, as the law clearly provides, two representatives of each school of medicine on the Board, instead of four Allopaths, one Homœopath, and one Eclectic. At least there would have been but three from any one school.

As matters stand, the law will amount to nothing, and be wiped out by the next General Assembly. We hope to secure a good registration law, requiring no medical board for its execution.

GENERAL PRINCIPLES.

In this connection I desire briefly to present my views on the general subject of legislation designed to regulate the practice of medicine in our several States, and as to the position that should be assumed by the American Institute in regard to the matter.

First. My first proposition is, that the State has no right to do for its citizens what they can and should do for themselves.

With very little inquiry and no great amount of reflection we learn that the argument for special and restrictive legislation is always based upon the idea that the people are not able to protect themselves against medical imposition; or, in other words, that the government must reach over their heads and prevent their individual choice of medical attendants.

The question arises, is the State any better able to judge as to the skill of those who would heal the sick than are the people?

On the one hand the people, with the carefulness prompted by self-preservation, watch the medical man in their community and form their judgment by the practical results of his skill among the sick. They consider the educational advantages enjoyed by him, so far as they can learn them, and his sobriety, faithfulness, honesty, and general good conduct.

On the other hand, the college faculty granting a diploma to a student, upon which he is to have an exclusive license to practice medicine for a lifetime, have seen him for a few months, taught him some things he

should know, and questioned him upon branches by them considered important. They do not know and cannot certify as to his qualifications beyond his attendance upon their lectures and his answers to their questions.

What college professor has not seen students the most regular in attendance or the most ready in answering their questions, far enough outstripped on the field of practice and in professional circles by other students who were apparently dull in study and slow to answer at the quiz and in the "green-room"? Often has the winner of a diploma turned out incompetent and untrustworthy in the sick-room; often has he given more attention to the saloon and the race-course than to the publications and societies of his profession, and the real interests of the sick.

The most notorious medical impostors in the country have diplomas.

And there are men, successful and even eminent, in many parts of the country who have never enjoyed the advantages of college training and the possession of college credentials.

Is it then possible, and can it be fair for a college faculty to bestow a testimonial upon a man, in the morning of life, that shall in all time to come entitle him to State approval and an exclusive license to practice the art of healing?

And is it constitutional and considerate for the government to place its stamp of authority, its certificate of trustworthiness, upon the one bearing a college diploma, while it forbids under penalties another who has demonstrated his curative skill to the satisfaction of the people, simply because not in possession of such a testimonial?

England, with a nicer regard for individual rights, does not presume to draw such a line among those who minister to the sick, nor to impose upon her people such an interference with their choice of medical attendants. In that country no restrictions are placed upon medical practitioners beyond those of the common law, which holds each responsible for what he does or neglects to do for those he attends upon, till they come to perform some service for the government, such as the making out of certificates required by law.

When the service is for the State, and not for the individual merely, the medical man must come up to a certain standard of qualifications; he must pass a satisfactory examination and be duly registered. The right, as well as occasion, for such an interference is not to be disputed.

Again, it has been proposed by those who would have the State exercise its paternal function for the protection of the people against medical imposition, to have no regard paid to diploma-holding, but to require every candidate for a license to undergo an examination by a state or a local Board of Censors.

The defects of this method of determining the skill and worthiness

of medical practitioners is open to the same objections as apply to the college method, with some additions.

The examiners see and know the applicant for license only for an hour or two, and, at best, can only determine what he has learned and remembered and is able to tell of certain things considered important by them. That he is possibly of honesty, judgment, and executive ability; that he has the knowledge of human nature, the sympathy and tact, necessary to the successful healer, they cannot determine and should not pretend to certify.

Besides, the examiners are not free from the selfish interest that would restrain or prevent personal competition, nor from more or less of theoretical bias, that would put checks upon a therapeutic method new or obnoxious to them; and the disposition to refuse a license would therefore be only the greater as the applicant might exhibit more learning and brilliancy.

To frame questions or shape an examination so as to defeat an applicant is not difficult where there is a wish to have him rejected. It is an old and true saying, "A fool can ask questions that a wise man cannot answer."

Experience in times past has shown that boards of medical examiners are not above the weaknesses, the motives, and the methods indicated above. They were tried in several of our older States more than half a century ago, and abandoned as rather harmful than beneficial.

Examinations for the purpose proposed in England, to ascertain the qualifications of medical men for the discharge of duties imposed by and for the government, and not especially for individual citizens, may be conducted with less self-interest and less feeling of prejudice; and yet the examiners there are prohibited by law from asking questions upon therapeutic points which are matters of any considerable dispute.

For the reasons stated it is clear to my mind that, as medical reformers, as those who have been unjustly ruled against in medical examinations in times past, and as the advocates of freedom and fair-dealing, it is our duty to oppose the creation of all medical boards endowed with authority to suppress individuals having new ideas and new methods, whether the boards in make-up be allopathic, homœopathic, or mixed.

In conclusion, I would say that the people who need curative aid are, in general, better able to judge as to medical attendants who are likely to do them good than are the professors who taught them in early life, years ago, or boards of medical examiners, made up of competing practitioners, who can see and know them but for a day. At least, if a wrong choice is made and unsatisfactory results follow, the responsibility and the suffering is not for the State, nor for colleges, nor medical boards, but for the individuals making the choice.

If the State presumes to force its judgment upon the sick and the

injured, it should be made to bear the results: to pay for all damage that may come upon them through the incompetency or neglect of a licensed attendant.

Secondly. A second proposition I advance: that the State has the undoubted power, and should exercise it, to enlighten the people as to what each medical practitioner has done to qualify himself for the care of the sick and the injured.

Let a law be enacted requiring each physician to be registered in a book kept by the County Clerk, and known as the Medical Register; and let the entry, made under oath, state (*a*) the name, age, and residence of the applicant; (*b*) the place where, the preceptor with whom, and the time when he began medical study, and how long and where it was prosecuted; and at what institution or institutions he attended lectures, and from which and when he took a diploma, if he has one; (*c*) at what place or places, and for what length of time at each, he has been in practice; (*d*) with what medical society or societies he holds connection. And it should be provided, under penalties, that no one shall minister to the sick or injured, as an attending physician, receiving fees therefor, without being duly registered; and, further, that in case the record made is not in accordance with the facts, the perjurer shall be prosecuted and punished according to law.

With such information open to the public, those needing a physician will be better able to judge as to the probable skill of those from whom they must select.

And with such a display of personal history it will become all practitioners to see to it that they have the best preceptors, and the longest periods of study, and the most distinguished schools at their back.

I can see no more fair and effective method for the elevation of the standards of medical education, and for the improvement of the profession, than would be contained in such a legal provision. It is in accord with the genius of American institutions, and entirely impartial toward all the people.

Thirdly. As a third proposition, I claim that the art of healing is not so far perfected in its principles, and so fixed in its methods, as to allow standards with which a State may enforce a conformity on the part of all medical men.

Examinations might be made on anatomy, physiology, general surgery, midwifery, and toxicology, in conformity with fair standards; but beyond them the views of leading authorities in medicine are so discordant the State would not be justified in assuming and fixing the lines to be occupied and traversed by the healers of the sick.

I need not argue their proposition; it is too plain to require proof; and it is too forcible to warrant the red-tape methods advocated by those who would have authoritative boards of medical examiners,

denying the right to cure and the right to select medical attendants to any citizens of the country.

As belivers in the progressive character of the art of healing, ever looking forward for better methods and surer means, let us not favor any machinery calculated to repress the inventive genius and the new departures of those who would bring relief to sick and suffering humanity.

NASHVILLE, TENN.

SALARIES OF MEDICAL EMPLOYES OF OHIO'S CHARITABLE INSTITUTIONS.*

BY H. E. BEEBE, M.D.

IN the introductory to the last annual report of the Board of State Charities, dated Nov. 15, 1888, we find the following :

"Marked progress has been made during the year ; every effort has been made by officials and employés to advance the interest and promote the welfare of the State institutions and their inmates. Increased efficiency, economy, and good management, we believe, characterize all the public institutions."

Now this report is true, viewed from the standpoint of this board, and they are perfectly sincere in this report. But others think differently regarding the medical management. This might be better, show better results, if salaries sufficient were paid to medical employés to secure special skill for these positions. In this paper I am not arguing in favor of any school or system of medical practice. But special skill is often needed for the patients of these institutions. The compensation paid our State officials, from the chief magistrate down, as a rule is entirely too little, but in no instance is it as niggardly as with the salaries paid to our medical employés. We justly boast of Ohio's charitable institutions, and no fault is found with the management, except it be often the lack of medical attention received by inmates requiring skillful medical care. It is well that this is not universally true, for occasionally where ability is found the contrast is indeed plainly manifest.

We will consider more particularly our insane asylums, for it is to these institutions the subject is most important. The inmates who are so unfortunate should have, and I believe do have, the best care the State affords except suitable medical attention. This is left in any case usually to medical attendants, either inexperienced young men or practitioners unable to attend to active general practice. All this is because the salary is too low to command the required special ability in this line of work.

* Presented and read May 14, 1889, before Hom. Med. Soc. Ohio, 1889.

The superintendent, who is appointed too often for his political rather than medical lore, receives the munificent sum of twelve hundred dollars a year, his board and washing. New York for such services pays from three to four thousand dollars. In Ohio such services can not be procured at such a rate outside of the medical profession, and here the right kind cannot be secured for this rate. If this official possess even fair abilities, industrious and faithful, he ought to be worth a little more than twelve hundred dollars. The executive officer of any one of Ohio's public insane asylums has all he can do or should do to superintend the institution, say nothing of his devoting his individual attention to the medical management of the patients, even if he have the required ability. This is left to the medical attendants, who receive the immense sum of eight hundred dollars a year and found. And from my limited observation this is often all they are worth. This paucity of compensation does not warrant prominent men to accept these positions. If a young man wishes experience in the specialty, it is a good place for him to begin. Before accepting such a place let him consider that the allurements of office too often influence candidates, and that official life is dangerous to systematic and industrious habits.

In one respect we are very charitable in Ohio with this specialty. I believe it is about the only place where the student is taught a specialty by the State and at the same time pays him a small compensation for this privilege. Occasionally men are found who possess special ability, but if so other fields are open for them, and they are not in Ohio. Other States with larger salaries, seeing their good works, soon secure them. The places should seek the men, not the men the places. Ability seldom goes begging. Now I see no reason why in this great State the insane are not entitled to as good medical attention as in other States, but we will never have it until better salaries are paid in these institutions.

Now you ask, what are you going to do about it? It is always easier to find fault and criticise than remedy defects. I see but little we can do except to agitate this question with the press, our legislators, board of State charities, and trustees of the various institutions. Many of these directors receive no compensation. This is not right. "The laborer is worthy of his hire." Lead them all to see the importance of this question. We all have, or ought to have, an influence in this matter, and by individually bringing this question forward we may be able to do some good, and justice to Ohio's medical officials be secured. Then can Ohio keep the talent at home she is furnishing other States; then can our public asylums do as efficient work as our private asylums are doing; then will our current medical literature contain articles written by physicians holding official position in Ohio's charitable institutions, which is not true to-day. But this will not be while we pay medical

officials but one-third what other States pay. Economy is extravagance in this case, and I trust the proper officials will ere long right the injustice.

SIDNEY, O.

BOOK NOTICES.

THE SIXTEEN PRINCIPAL HOMŒOPATHIC MEDICINES (AND FOURTEEN SUPPLEMENTARY). Sixteenth Thousand. London: E. Gould & Son, 59, Moorgate Street, E. C. 1889.

This is a precious little pocket-book for domestic use, and may not infrequently be called into requisition even by the educated physician. It is a compilation from Jahr, Hull, Hempel, Bryant, Hale, etc. It opens with a Medical Index, giving diseases and disorders in alphabetical order, with appropriate remedies and measures, each remedy so named being foot-noted with its leading characteristics. Part II. gives The Characteristics, Properties and Uses of acon., arn., ars., bell., bry., calc., cham., china, ipec., merc., nux, phos., puls., rhus, sulph., verat., ant. tart., canth., carbo veg., cina, coffee, dros., ham., hep., hyd., ign., lach., podo., sil., and spong. The Remedies for External Application are quite a little treasure.

JOHNSON'S THERAPEUTIC KEY. By I. D. JOHNSON, M.D., Honorary Member of the American Institute of Homœopathy, and Author of "A Guide to Homœopathic Practice." Sixteenth edition. Revised, Improved and Enlarged. Phila.: F. E. Boericke, Hahnemann Publishing House. 1889.

Who has not heard of Johnson's Pocket-book? One of the most complete little vade mecums ever issued from any medical press. The present edition has been rendered particularly valuable to the bedside examiner in that it contains the Materia Medica for fifty-eight of our most common remedies. And as each remedy contains abundant cross-references, there is no reason for not procuring the work and carrying it as a medical "pocket-pistol" in the hip-pocket. Nothing has been omitted from the last edition, which had been such an immense stride in advance of former publications, although the omission of the Materia Medica had been regarded a vital defect in the eyes of many; many additions have been made to the general work; so that in its present form it is hard to say where next the pruning knife can be utilized, or new matter added. With all this it still retains its compact and handy form, being suitable for an inside pocket or an innocent-looking memoranda book on our desk. Of course we commend it most heartily.

NOTES ON CONSUMPTION AND ITS NEW TREATMENT, INCLUDING MEDICATED INHALATIONS. By STAMMERS MORRISON, M.D., Licentiate of the Royal College of Physicians of London; Member of the Royal College of Surgeons of England; Memb. Corr. Soc. Med. et Chir. de Montpelier; late House Surgeon, and late Ophthalmic Assistant to University College Hospital. Third edition, Revised. London: E. Gould & Son, 59, Moorgate Street, E. C. 1889.

We confess to a little disappointment on perusing this little brochure. Its title implies a new treatment of that frightful scourge of civiliza-

tion. It is very evident that this is a misnomer, as applied to homœopathic therapeutics, inasmuch as it advances no new treatment or even advance theory in homœopathics. If its title is simply another way of speaking to a prejudiced public of homœopathy as a new treatment, it may serve its purpose in England, but is a little antiquated in America. The work is the scholarly production of a facile pen, and handles the topic in good style, but it fails to present anything new in the treatment of consumption. The work is apparently addressed to the layman, and for that purpose will serve admirably; but for the profession, we believe we have many better text-books.

GLOBULES.

—A very happy idea is the miniature copy of Scribner's Magazine containing some useful and interesting information about electrical matters, recently published in its June number.

—Dr. L. L. Helt was on July 2 appointed Assistant Physician and Surgeon to Ohio Penitentiary. Our congratulations are extended. Dr. Helt is an ambitious, painstaking, homœopathy-loving practitioner.

—Dr. M. Altdorfer (*Therap. Monatshefte*, Mar., '89) advances the theory that a cold compress applied about the lower portion of the abdomen by inciting a state of anæmia of the brain will bring about a hypnotic condition.

—A correspondent of the *British Medical Journal* says that ingrowing toe nail may be successfully treated by painting the soft parts twice daily with a concentrated solution (an ounce to six drachms of water gently heated) of tannic acid.

—Dr. A. C. Cowperthwaite wears as a watch charm pendant a bit of amber-colored transparent stone as large as a hickory nut, in which lies imbedded an extinct species of beetle. This uncut stone was sent him from China, having been found on the shores of the Baltic Sea.

—Dr. T. C. Martin recently resigned his position on the medical staff of the Ohio Penitentiary for the purpose of getting ready to go abroad. He sailed on the Etruria Sept. 14, for the Paris Exposition, and will return to London, where he will take up his quarters at Guy's Hospital.

—In all cases of effusion into the pericardial sac, whether bloody, serous, purulent, or aerial, that present dangerous symptoms of heart-failure, and in which medical means have proved ineffectual in diminishing the development of such symptoms, an operation is indicated.—F. E. Doughty, M.D.

—The Moselle cup described by Dr. Talcott is prepared as follows: Take a glass pitcher, fill it with finely pounded ice, then take slices of lemon, orange, pineapple, and raw cucumber with the skin on, stick them in around the edges of the pitcher, put in a few strawberries, if you have them, then pour on to the ice a bottle of sparkling Moselle, fill the top of the pitcher with fresh spear mint and let it all stand about fifteen minutes, and you have a drink fit for the gods.

—"The nominees for President were Dr. A. J. Sawyer, of Michigan."—*Counselor.* Go to. Can't you do better than that? We would suggest to Dr. Sawyer that he part his name in the middle.

—Let us recall that there is a time for everything, and Hahnemann teaches, "Machs nach, aber Machs nicht nach."—S. LILIENTHAL, M.D.
Evidently the German editor of the *Counselor* is not at home.

—An enterprising dealer on Summit Street in Toledo, has taken the baby picture issued by MELLINS' FOOD and actually dressed it in lace garments, and framed the whole in a deep frame. The effect is very realistic, and fails not to detain the passer-by for a few moments in order to determine whether it be a life sized doll or a picture.

—The difficulty in producing a substitute for mother's milk from cow's milk is, to change the caseine into peptones, and Gorup Besanez, late Professor of Chemistry in Erlangen, Germany, has proved that there is a ferment in well-grown and dried malt, which possesses the same action as the active ferments in the gastric juice and the pancreatine; this he named "plant pepsin."
The milk in Malted Milk has been predigested by the action of the "plant pepsin," a natural ingredient of the malt; hence the reason why Malted Milk is so easily assimilated, and why it is preferable to milk which has been treated with impure artificial pepsin or pancreatine.

—Self mortification is not common nowadays. And yet a patient of ours, one of the employés of the Cape Government Railways, went in for it strongly lately. He had bruised his side slightly, and we prescribed a liniment for him. This liniment had to be sent by rail, and the chemist, in order to provide for safe carriage, wrapped it up in some of that patented material so much in vogue nowadays, which is composed of a stiff brown paper studded all over with pieces of cork. Our patient showed up a week later, and in course of conversation mentioned that "his plaster hurt him." We denied any knowledge of a "plaster," but an ocular inspection found that he had taken the wrapping paper for a plaster and had religiously worn it, studded side inwards, for several days. The effect may be imagined.—*South African Med. Jour.*

—Tobacco is not a narcotic, but a direct irritant to the motor nerves. If death follow its use, as it has done in extreme and exceptional cases, autopsic examination finds the brain pale and bloodless, the stomach covered with raised pile-like spots of a deep red color, the blood abnormally fluid, the lungs very pale, and the heart engorged with blood. In habitual smokers where tolerance has been well established, the injurious effects are reduced by the limited physical power which the system possesses of distributing the offending substances and the facility with which it relieves itself of them. The products find a ready exit out of the system by the lungs, skin, and kidneys, and when the smoker retains the odor of tobacco, it is an indication that one or several of his eliminating organs are inactive, and that the skin is acting for them. There are times when even the hardened smoker feels a distaste for tobacco, and this condition also indicates an arrest of excretion in one of the above organs—most frequently the lungs.—C. COLEMAN BENSON, M.D.

—Mr. Frank R. Stockton has written a new and characteristic story called "The Merry Chanter." It will begin in the November *Century* and run through four numbers.

—The tobacco appetite can be cured, it is said, by chewing the leaves of the common weed "plantain," and swallowing the juice. After chewing these leaves awhile, the habit has to be learned over again, if resumed.

—John Adderley, M.D., Skibbereen, Ireland, adds his testimony to the great value of S. H. Kennedy's Extract of Pinus Canadensis, which he considers a most valuable uterine styptic, seeming not only to possess the power of arresting uterine hæmorrhage, but also to produce a healthy action of the parts.

—"No man," said an old and consistent temperance reformer, "is safe from the liability to relapse into the drinking habit so long as he continues to smoke. There are men who use tobacco who do not drink, but whoever stops drinking and means to keep his pledge must let his tobacco alone or the compromise will cause him to trip again sooner or later."—LUDLAM.

—A young farmer bitten by a mad dog in April, 1886, was treated by M. Pasteur eight days later, and felt nothing more of the wound until last July, when it began to pain him severely. Four days later he died in great agony. This flagrant case has led the newspapers to denounce Pasteur's treatment as quackery.

—When an accident happens to the eye the best thing to do is this: dip a piece of clean soft rag into clean cold water, lay it over the closed eyelids, tie a handkerchief over it, and seek proper help without delay; a single day's delay will sometimes make all the difference between saving and losing the eye. If there is anything in the eye which can easily be taken out, especially if it be anything like lime which burns the eye, of course it should be taken out first of all. Do not use poultices to your eyes, they are seldom wanted and often do mischief.

—It has been a matter of frequent comment that Armour & Co., of Chicago, the largest manufacturers in the world of all forms of animal food, and with their unrivaled facilities for selecting beef, did not make an extract of beef. It seems these gentlemen, while convinced for several years that there existed a demand which they were eminently qualified to supply, were determined that an Extract bearing their name should be beyond all peradventure the finest in the world. They took the matter up in a scientific manner, and the results of their long and patient investigations and experiments are now seen in Armour's Extract of Beef, which in either solid or fluid form possesses a delicious, real beef flavor, and is entirely free from any harsh or burnt taste and smell, and it retains in a marked degree the nutritive properties of beef.

—THE HOMŒOPATHY OF THE FUTURE.—In our present civilization sometimes called Christian, there seems to be a lingering necessity to throw about chunks of iron weighing anywhere from one to five thousand pounds. By very nice calculations these chunks of cold iron may be thrown through the sides of steel-clad vessels or into beleaguered cities within a range of say seven or eight miles. Passing by the question of the moral force of such a persuasion on the benighted heathen

who happen to get within the range of these knock-down arguments, let us look for a moment at the principle involved from a purely scientific standpoint.

In one of our daily papers for the month of September, A.D. 1888, I find the report of the address of the President of the British Association for the Advancement of Science for the past year. This, therefore, may be considered not only the latest authority, but it is strictly orthodox. The learned president, Sir F. Bromwell, . . . learnedly discusses the armaments and the implements of war, the use of projectiles, . . . and declares that the whole question turns on the manufacture of steel, and particularly on the proportion of carbon used. . . . . "Now," to quote the language of this learned gentleman, "what makes the difference between the trustworthy and untrustworthy steel?" "Something," he continues, "which, till our better sense comes to our aid, we are inclined to look upon as ridiculously insignificant—a next to nothing." He goes on to show that the exact proportion of carbon which yields the best results and which can be uniformly relied on, is one of the greatest discoveries of the age, and this proportion he declares to be "less than the tenth of one per cent." It is this proportion, accurately ascertained, which he says is so important, yet which is apparently so insignificant that it seems "next to nothing." Now it may interest the orthodox followers of Esculapius to know that if this proportion of carbon so necessary for steel armaments and for the bore of the largest cannon were exactly the tenth of one per cent. instead of less, it would represent the third decimal dilution which the followers of Hahnemann administer to their patients. It might be suggested that if this dose of carbon determines the entire value of steel, and if a larger dose be admitted it ruins the constitution of the biggest cannons, and if, as the learned president says, it be necessary that "better sense come to our aid" in order that we may appreciate this fact, though it "seems ridiculously small," the conclusion is obvious. The tissues of the human body are quite as sensitive, to say the least, as a Krupp gun or a hundred tons of iron, though there may be intellects as impervious to facts and arguments as the steel-clad sides of a man-of-war, and Sir Bromwell declares that the penetrability of the iron-clad depends on the third decimal of carbon. I am almost persuaded to recommend this dose of carbon to the followers of Esculapius. But all jokes aside, my principal object in the foregoing references is to show the drift of modern progress and the theme that underlies all our present science. This theme is, in one word, dynamics, and the drift of all our present progress is from the gross to the refined, from the crude guess to the exact knowledge, and it shows that what the ignorant regard as insignificant and next to nothing, "better sense" regards as all-important and often all-sufficient.—From a paper before the So. Hom. Assn. by J. D. Buck, M.D. (*So. Jour. of Hom.*).

"*Dynamics*" is the ineffable word. Now suppose that this manufacturer, in further experimentation, discovers "that the exact proportion of carbon which yields the best results and which can be uniformly relied on," is *very*, very much "less than the tenth of one per cent.," what then? will he adopt his latest knowledge, or stand aloof, adhering to his former notions, and mock and despitefully use those who prefer the very latest discovery? This is a mere supposititious case, of course.

OH-DON'T-OLOGY.

Don't let your competitor get ahead of you in knowledge.

Don't consult a patient beforehand as to what he will eat or drink; prepare the food tastily and bring it to him.

Don't be too anxious to use hammer and plexim=ter in percussion. The middle fingers of both hands are safest.

Don't be too sure about the action of a medicine; you may be disappointed and lose your patient's confidence.

Don't let children play with sharp-pointed scissors, knives, forks, needles, and other sharp-pointed things.

Don't concern yourself about your rival's business; you will probably have all you can do to attend to your own.

Don't use eserine in certain affections of the cornea complicated with iritis; complete adhesion of the sphincter iridis may result from it.

Don't forget the value of cooked potatoes in dilating the gastro-intestinal canal when foreign bodies are lodged in stomach or intestine.

Don't play any lemonade trick on future ex-Presidents of the Institute. Some of the ex-P. may not have so long a purse as at Minnetonka.

Don't probe a gunshot wound, for there is infinitely more damage possible from the injudicious efforts of the surgeon than to let the ball alone.

Don't "lecture" at the bedside of patients. If an intelligent patient requests an explanation, there is no impropriety in answering him properly.

Don't put vaseline or oil spread upon any textile fabric upon a wound, because the unguent mingles with the discharges and retards organization.

Don't be too hasty with stone throwing. The *Medical Era* has lived to see its objecting contemporaries come to its standard in the Pasteur business.

Don't be in a hurry when taking a dangerous plaything away from a child; an eye has been sacrificed just through the mother's anxiety to remove the danger.

Don't be continually smoothing the bed, pestering the patient with sympathy, and saying a dozen times an hour, "How do you feel now?" That is enough to drive a sick man wild.

Don't forget that for sick folks the bed linen should be changed at least once in three days; the blankets once a week, those that have been removed being hung in the open air for a few hours, then thoroughly aired in a warm room.

Don't forget that pelvic disease accompanied by pain and inflammation often occurs where neither tumor nor displacement exists to account for it, and where nothing more can be found than tenderness and thickening of the tubes.

THE

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FRANK KRAFT, M.D., EDITOR.
A. L. CHATTERTON & CO., PUBLISHERS.

THE *Clinical Reporter* (Sept. 1889) publishes a paper contributed by Dr. J. M. Cartlich to the Missouri Institute of Homœopathy at its last session, entitled: "The Single Remedy and a High Potency in Labor." Dr. Cartlich reports five cases in obstetrics, giving some few indications for the homœopathic remedy—too brief, however, to judge accurately of his selections—and adding the name of the remedy used in curing or tiding the patients over the crises. But because the doctor had the temerity to acknowledge the giving of a potentized remedy, in the ensuing discussion he is quietly derided, in effect, if not in actuality, by a number of "scientific" physicians present, and his labors ridiculed.

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ONE astute Æsculapius is reminded thereby of the "killing of a rhinoceros with a bird-shot. . . . My treatment for these cases is different." Of course it is. Then the wedge "my treatment" having been dexterously inserted, the occasion is industriously utilized to air "my treatment" at the expense of Dr. Cartlich's homœopathic treatment. Another homœopathic physician (Heaven save the mark!) thirsting for b–l–o–o–d wants the doctor held criminally liable for allowing his patient to have convulsions at all, when it would have been so scientifically easy to have scientifically examined the urine during her gestation, and scientifically determined the presence or absence of albumen. Hear him:

"I am surprised that the patient did not die. It was his business to put in his hand, turn out the clots, and promote contraction. Any man that will stop to give a drug of any kind in a case like this should be held criminally liable. It showed remarkable confidence in homœopathic medicine, or remarkable ignorance of the proper thing to do."

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BE it Remembered in this Year of Homœopathy, that an Institute of Homœopathy countenances the startling statement that, notwithstanding Dr. Cartlich cured his patient by the exhibition of the homœopathic medicine, he ought to have been held criminally liable for having thus done his homœopathic duty, and because he did not insert his hand and a considerable section of his arm into the patient's "in'ards" and "turn out the clots." What the shock of such a proceeding on the delicate uterus would have been, this scientific Sir Scalpel does not enumerate.

BUT this is not the gravamen of the case. That rests solely in the unpardonable sin of having exhibited ipecac C M., instead of drop doses of the 3d or 6th. It matters naught to this unhomœopathic homœopath that the C M. did not fail of curing the source which gave origin to and therefore stilled the hæmorrhage. But it does matter everything that Dr. Cartlich should not only have used this interdicted potency, but that he actually dared to proclaim a successful issue to his foolhardiness. Another apostle of the later interpretation of homœopathy pitched his voice in the reprehension key, believing, as he averred, "that five drops of the first dilution of cimicifuga would have relieved her and prevented the convulsion." Was there a cimicifuga symptom present? None. But cimicifuga is good for convulsions, as fenugreek is good for a horse (as Dr. Kent used laughingly to say to his classes). And yet another voices his conviction that a hypodermic of five drops of tinct. veratrum viride would have produced a wonderful result. Undoubtedly. Why? Oh, for the same reason that cimicifuga is good for woman. And so these *avant couriers* of the scientific homœopathy, but now graduated from allopathic homœopathy, belittled the work of the Hahnemannian disciple, unrestrained by the gavel, conscious of the sympathy of their hearers, and would have continued to the adjournment had there not been at least one HOMŒOPATH there.

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HE was there. And he stood up for pure Homœopathy. Dr. S. B. Parsons raised his voice in defense of freedom in homœopathic practice. He believed that notwithstanding this doctor had used the high potency and cured his patient, he ought still to be considered a homœopath. He closed by saying:

"The speakers have thrown the mantle of charity over this man who used high potencies. If you have not tried them, you are not able to know what they will or will not do. I can go to Chicago by one way or another. You can accomplish a thing mechanically or physiologically. Not a single physician adopts the same treatment in all his cases. You use local applications as well as mechanical means. Because I do not treat my cases the same as you, because I do not treat my cases as does that writer, there is no reason to say that that man is incorrect. I do not know that it is the correct spirit to manifest. Because I am an orthodox, I do not believe that you cannot get to heaven. I believe that the high potencies will do wonders. We need but to refer to Hahnemann, Lippe, and others who have gone."

And the "crucify him" spirit slunk away abashed! O Homœopathy, how art thou maligned and buffeted about in the house of thy friends!

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WHAT the homœopathic world needs more than this uncalled-for dismemberment of a practitioner whose application of the remedy differs in detail from that employed by others, is an association or society running in parallel lines with the American Bible Society, to be christened, possibly, the American Organon Society, headquarters in the American Institute of HOMŒOPATHY, with paid agents the world over, whose duty it shall be, as with the employees of the Bible Society, to make sure that every homœopathic physician from Dan to Beer-Sheba on the East, and from Peter to Paul on the North, shall possess an Organon, by purchase if in means, by gift if indigent; and,

further, that the possessor's duty shall not be adjudged as satisfied, if the volume be used only as an adornment of a dusty book-shelf, as a support to a pathological specimen, or cover to some gruesome mess awaiting urinalysis; nor yet for the utilitarian purpose of pressing autumn leaves; nay, its use shall not even include a hiding-place for the family fine-tooth comb. It shall be stipulated and agreed by and between all parties to these presents, that the physician shall diligently "s'arch the Scripters" from cover to cover at least once during each twelvemonth. Were this feasible, there would be less talk about scientific medicine, and more adherence to the principles of Homœopathy as promulgated by its august founder, and as carried forward by the homœopathic giants Bönninghausen, Dunham, Guernsey, Lippe, and others of the Old Guard, gone before, and a *very* FEW yet remaining with us. Then would there be less learned twaddle about hypodermic injections, and the giving of drop doses of powerful drugs, not on presented symptoms, but on the *ipse dixit* of somebody's grandmother's aunt, who had several friends relieved by such medicament.

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ONE moment more before dismissing the case. There is another view to be considered, and much in extenuation of the crass ignorance displayed by the average homœopathic audience when the subject of the higher potencies is the order of the hour. Reference is had to the peculiar rites and ceremonies indulged in by certain of the extremists when in session met. For instance, the discussions which have followed in the wake of the usually excellent papers presented to the I. H. A.,—an association professedly organized to advance and perpetuate the truths of pure homœopathy—have, many of them, been of a tenor to belittle and ridicule the avowed purpose of the Association. If the discussions of the I. H. A. for their Toronto session, as reported for and published in their syndicate journal, fall within the wall of truth,—and they bear the unmistakable evidence of stenographic preparation,—it is matter for no small wonder that the published Transactions of former sessions have been so persistently withheld from the homœopathic public, not a single copy going to a homœopathic journal beyond the pale of the Association either for review purposes or editorial comment.

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LAST year the *point d'appui* was the book-at-the-bedside practice. The amiable and well-intentioned president, regardful of the great, unwritten law of the Association, to encourage the greatest freedom of discussion, failed to draw the line between those things which were essentials and those which were impedimenta of the Association; so that the discussion drifted into a channel where the personal equation became the prime factor. The result of this license was deplorable. The personal discussion which had its inception at this session was transferred to one of the Association journals, becoming more bitter as it advanced, until it ultimated in the estranging of one of the disputants from that journal—the journal, by the way, which had lifted His High Nobility out of obscurity and mediocrity—insomuch so, indeed, that he has canceled his subscription, counseled others to do likewise, has withdrawn a manuscript, prepared as joint-editor of a book now

partly in type, and has bestowed all his love, subscription-fee (if he was not a "deadhead") and manuscripta upon another journal, which, the latter, is now groaning and staggering under the favor. That was last year. This year's discussions, in so far as they have been suffered to percolate through the selected vehicle, have revealed a new Pickwick Club, some of the celebrants of these mystic rites of dynamization confessing guilt in that they had repeated a C M. several hours before the allotted days assigned for the intensified efficacy of the higher potencies had been fully spent; others had "alternated" by applying calendulated or arnicated water to a wound, while at the same instant giving another remedy internally. Other sins of minor gravity, but contravening The Law, as expounded by the reigning suzerain, were confessed, contrition expressed, apologies tendered, and betterment promised.

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FORTUNATELY the high potencies have come to stay, *not* because of the feet-washing and genuflections of a few rabid exponents, either in or out of Convention, but because they have been tried, are being tried by new investigators every day, and because they do the work accredited to them silently, surely, and safely. The cures reported from their proper exhibitions fill the journals. Fortunately, also, high potencies and dynamization have honest adherents who are not members of any body corporate or non-corporate, whose proceedings are withheld from the public eye lest their vacuity be apparent and deter others from uniting under the same banner. The publication of such fragments of the discussion as have appeared recently, and a knowledge of the hollowness of pretension of the book-at-the-bedside practice, as well as the recommendation of aconite, spongia, AND hepar for "Croup," may and does account for much of the disaffection, if not disgust, that permeates the ranks of homœopathy when the high potency is discussed. If the zealots in the cause would temper their claims, and cling more closely to the practical truths of dynamization, and less ardently to fetich worship, such discussions as met Dr. Cartlich's paper in the Missouri Institute of Homœopathy would become fewer and fewer, until their final disappearance as a factor potent to induce fratricidal strife would be assured.

THE OPEN COURT.

—Now if we compare the best results of allopathic treatment (as cited in New York)—viz., average percentage of deaths 6.00; average percentage of recoveries 11.00—with the best results of homœopathic treatment,—viz., percentage of deaths 2.6; percentage of recoveries 15.10—the contrast is simply amazing.

Let us now compare the poorest results under the two systems of treatment. Homœopathic, highest percentage of deaths 4.26; lowest percentage of recoveries 12.00. Allopathic, highest percentage of deaths 8.33; lowest percentage of recoveries 4.37.—Dr. C. P. MEREDITH's (*Ky.*) President's Address.

—Chloroform, 4 grammes ; simple syrup, 35 grammes, is suggested for tapeworm. It is to be taken three times : 7, 9, and 11 o'clock in the morning, and at 12 o'clock (midday) 35 grammes (about an ounce) of castor oil. The worm is expelled in about two hours.

—Roaring in Ears—Veratrum Album.—The late lamented Dr. McManus, of Baltimore, reported the above symptom. Dr. Hughes reports that it was not found. I had it verified clinically in one case. Can any other member of the profession verify the symptom ?—W. D. Gentry.

—Dr. O. B. Moss, Kansas City, reports a case of biliary calculi cured in a middle-aged man by calc. c. 30. Dr. Richard Hughes says of this remedy : "One of the uses of calcarea carb. is of a very curious kind. It is its power, when given in repeated doses of the 30th dilution, of relieving the pain attending the passage of biliary calculi. It has for me quite superseded the need of chloroform, and even of the hot bath." Dr. Bayes says calc. c. 30 will also prevent the formation of renal calculi.

—I am astonished that physicians pay so little attention as to how their patients take their injections, for I consider it of great importance, and tell my patients if they will not take theirs in the prone position I would rather they did not take them at all. No wonder they feel weak and prostrated after sitting up and taking an injection of two or three quarts of warm or hot water, for the knees are naturally separated more than usual, and from the force of gravity the internal organs, obeying the laws of nature, are pressing downward, and, instead of being toned and strengthened, are relaxed and weakened, and more harm than good done nine cases out of ten. I have yet to find a patient who cannot take a vaginal injection lying down, and feel rested and relieved after it, while I have found many who cannot take them sitting without great pain and weakness. I always advise a patient to lie still at least half an hour after taking an injection.—Amelia Burroughs, M.D.

—*The California Homœopath* has turned its funny man loose on Dr. Lee's "Repertory of the Characteristic Symptoms, Clinical and Pathogenetic, of the Homœopathic Materia Medica" ; and after laughing at it for twenty or more lines of brevier it adds : "There is much good wheat in the work, but there is plenty of chaff. It will be useful to show to what extremes the imaginations of provers have gone. We anxiously await the remaining fasciculi."

—Much has been printed of late respecting Medical Journal "trusts," and not always favorable to the *Phila. Times-Register*, the owners of which are accused of certain indefinite intentions looking to the absorbing of the entire medical press. As a matter of fact the transactions

of the Press Register Co. have been highly commendable, and looking to the best interests of the profession, since they have associated under one title a number of contemporaries, to the advantage of all concerned—the readers not the least. The fact that one of the publications purchased was the property of Mr. John Carnrick gave opportunity for the statement that a pharmaceutical house was the promoter of the supposed scheme. This is denied by the new company, but were it true, no higher guarantee of honesty could be given any enterprise than the association therewith of Mr. Carnrick's name, for no other gentleman has done so much in the providing of the means by which the physician has been able to relieve suffering and nourish the convalescent.

—This disease [gonorrhœa] will remain latent in some cases and be brought out again by the resumption of intercourse. This has been noticed to occur in widows who contracted gonorrhœa from the first husband, which apparently disappeared after his death. The gonorrhœa was called out again by the excesses of the first pleasures and given to the second husband. This fact has doubtless been long known, as it is stated on good authority that this was the unwritten part of the information given by Mr. Weller to his own Sammy, concerning widows.—*St. L. Med. and Surg. Journ.*

This is in line with the remarks made at the Institute by Drs. Comstock, Cowperthwaite, Ludlow, Runnels, and others.

—A Methodist Episcopal doctor of divinity says a contemporary recently, in his address to the graduating class of an eclectic medical school, urged them to beware how they admitted ministers of the gospel into sick-rooms, as ministers, the devil, and the undertakers all wear long, black coats, and generally have a depressing effect on the sick. The minister's work, he thought, was with the living, and not with the dying, except in rare instances.

For instance. The editor was called to a case of rattlesnake bite; woman ætat. fifty-six; bitten on ring finger. A Catholic priest reached the scene about same time. By our medical ministration the pulse went down to 82; patient comfortable, expressing herself relieved and hopeful. When the clergyman had concluded his offices we again examined our patient, found pulse 104, temperature 102.5°, profuse perspiration, restless, crying, and suffering. In three hours the temperature fell to normal, but pulse refused to descend until some time during night, when it came back to normal. Patient is now well; but our prognosis for ten hours succeeding the Church's ministrations was unfavorable.

—A business man of middle age, described by the *Current*, has had frequent attacks of insomnia; this symptom was largely due to business

worry, and has been kept up, to a greater or less extent, by overwork. The mental depression which succeeded upon a night of insomnia amounted almost to melancholia. The whole nutritive sphere was enfeebled, and the remedies that are usually advised for such conditions were used without benefit. Sulfonal, in three-grain doses, was given three times daily. Prompt relief followed. The mental hebetude and nervous depression soon ceased ; nutrition was improved ; the insomnia gradually disappeared ; and the patient promptly recovered under the administration of this unique drug.

That the use of this medicine in this case was empirical we cannot deny. It has, we believe, never been proven. But to the close observer of drug action the reaction which follows a lethal dose of sulfonal suggests its homœopathicity to such cases as the one in point. We venture to predict that when thoroughly proven, this drug will be a valuable homœopathic remedy in melancholia and allied disorders.—*Med. Current.* W. H. Schieffelin & Co., of New York, sent us a tube of Sulfonal-Bayer tablets for use. A few days after receiving the package a very fleshy and elderly lady, while attending a farm sale, tripped on a stone, turned her right ankle, and fell on her back. The pain was agonizing. Arnica and rhus given on the indications had no effect. Hot and cold arnicated compresses to the ankle gave but remporary relief. As a *dernier ressort* we took three of the sulfonal tablets, dissolved them in a cup of hot tea, and gave it. In twenty minutes patient was asleep soundly, breathing naturally. We continued the compresses to the foot and leg, left arnica for the effect of the shock—returned fourteen hours afterwards, found she had been awake long enough to call for breakfast and have a stool ; then went to sleep again. She was easily wakened to take her medicine, but would go to sleep again a moment afterward. Swelling in ankle almost gone. She slept thus for forty-eight hours, taking her meals and performing the necessary acts of her body, and when finally awake, arose, found her foot a trifle lame, but not painful. Is now fully restored. Was this homœopathy ? Doubtful. But it healed my patient, and left no present deleterious effects.

—A report of the Medical Examining Board of Virginia, from January 1, 1885, to April 15, 1889, gives the number of applicants as 288, 213 of whom were awarded certificates ; sixty-eight were rejected on first examination, nine on second examination, and one on third examination. But the most remarkable part of this report consists of the fact that, of this 288, but four were homœopathic practitioners ; and it is pleasing to our school pride that these four were granted certificates on first examination. The colleges represented were : The Hahnemann, of Philadelphia, and the Cleveland Homœopathic Hospital.

IODIDE OF BARYTA.

By E. M. Hale, M.D.

ONE would suppose, knowing the history of homœopathy, that, as a school, its chief aim would be to progress in the line of materia medica and therapeutics.

But, strange as it may seem, that portion of the school who adhere most rigidly to the teachings of Hahnemann are the most conservative, with a conservatism which leads to narrow bigotry. I do not believe the large majority of our school partake of this narrow conservatism. They may not have the moral courage to avow their liberality for fear of sneers and threatened ostracism. But I, who have the courage of my convictions, never have been and never will be deterred from expressing my beliefs and sincere convictions.

When, thirty years ago, I began my investigations into the power and value of our indigenous remedies, a howl of opposition greeted me. Why? Because I did not present provings of these remedies, then unknown to our school. I urged that they should be used empirically until we could prove them ; I asserted that whenever we did get provings, we should find that the symptoms obtained would be similar to those which the remedies had cured. It was years before this assertion was admitted to be true. When the noble and venerable Hering stated publicly that "a remedy could be born breech foremost," as well as a child, *i.e.*, used on indications based on its effects in diseases, before it was proven, the opposition ceased in a great measure.

When I read a paper on "Double Remedies," before a late session of the Illinois Homœopathic State Society, another howl went up, although nearly all of our school used alternate remedies, which is far more illogical than using two combined ; and although probably one-fourth of our school do use mixed remedies. At that meeting I solicited discussion on the scientific and logical merits of the case. Not one who opposed it dared to discuss the subject, but indulged only in sneers and denunciations. Not one attempted to answer my assertion that two such remedies as digitalis and nux vomica, when combined, follow different, but similar, lines of action, both ending in causing restorative therapeutic effects on all organs and tissues which their sphere of action included. They asserted that such a practice was not homœopathic, when in fact it was based on the strictest homœopathy ; for I advised that only the two medicines which covered the totality of the symptoms should be combined and used in a given case ; and I advised the double remedy only when a single remedy would not cover the totality of symptoms. But the climax of absurd and illogical opposition was reached when I read a paper before the last session of the American Institute of Homœopathy on the "Unproven Iodides."

In that paper I assumed that, as we had complete provings of iodine, gold, and silver, we did not need provings of iodide of gold, or iodide of silver. I quoted the latest teachings of chemistry, which assert that the atoms or molecules of iodine and gold, when united chemically or mechanically, remain unchanged. No chemist dare assert that the combined drug contains any new element, and consequently no other effects on the human system except those belonging to iodine and gold can by any possibility be produced.

I claimed that we could have a pathogenesis of iodide of gold by mixing the characteristic symptoms of the two drugs. This I called a "synthetic pathogenesis." I presented such a pathogenesis of aurum iodatum, and gave the clinical experience which I had observed from its use. In closing that paper I invited a logical and scientific discussion of both the chemical and therapeutic points involved. I hoped there were enough candid and scientific men in that great convention to treat the subject fairly. I was disappointed. The only man who spoke on the subject was Dr. H. C. Allen, who avoided discussion, but made the bold assertion that "the use of such a drug was not homœopathic," and "that no man could possibly know what effect the iodide of gold would have unless it was previously proven." And that was the manner in which a paper of the greatest value to our school was treated by its members.

Now I desire to call the attention of the members there present, and all others of our school, to the Code of Ethics adopted by the American Institute of Homœopathy, which reads thus:

"It is the duty of the physician to avail himself of every opportunity to observe the action and study the properties of new or secret remedies and processes of preparing medicines, as well as new modes of treating diseases, and to subject them to the analysis of scientific investigations; for the physician should always bear in mind that the great object of his profession is to cure the sick, and that it is not only admissible, but is his solemn duty, to investigate thoroughly, and without prejudice, whatever offers any probability of adding to his knowledge of the art and means of curing, and of thus enriching the science of medicine."—Part II., Art. I., Sec. 4.

Now in the face of the above article in our Code, not only did they refuse to discuss logically my paper, but they made it a plea for an attempted ostracism and persecution worthy a place in the annals of the Inquisition, or the Calvinistic persecutions of the Sixteenth Century.

Now with this prelude to my subject, I propose to discuss the use of the iodide of baryta—a drug of which we have no provings, but which is now in quite common use in our school.

We have three well-known and well-proven drugs, which have a

similar physiological and pathological action on the human system. They are iodine, barium, and conium. While they seem to produce similar results, they do not act through the same channels. Thus iodine acts through the lymphatic absorbent systems, baryta through the glandular and circulatory systems, and conium through the motor and trophic nerves.

They all cause, generally, paresis, degenerative changes in the nervous, glandular, and lymphatic systems, and general wasting of the whole body. Specially they cause atrophy of all glands—particularly the breasts, liver, spleen, ovaries, testicles, and thyroid. They all cause cerebral and spinal paresis, and the results of such paresis.

Now the question arises, which I expect will puzzle all the thinking members of our school, *How does it happen that our school uses these remedies for swollen, inflamed, and indurated glands?* There is not a single scintilla of evidence to prove that either one ever did, or could, cause the above conditions in glands. Consequently they are only homœopathic to the opposite conditions, namely, atrophy, induration, or glandular decay.

The facts are, that Hahnemann and his colleagues were well acquainted with the writings of Paracelsus, Van Storke, Van Helmont, and Panira, and they got their knowledge of the physiological and pathological effects of these drugs from that source. When they recommended these medicines for glandular enlargements, they did so from purely empirical data. Only one of these drugs causes any glandular swelling, namely, baryta, which causes inflammatory swelling of the tonsils, followed by induration. Both the others cause, primarily, atrophy. Now when we use iodine, baryta, and conium for swollen, hypertrophied, inflamed, and indurated glands (except baryta in tonsillitis) we are using them *antipathically*, or pathogenetically, just as the allopathic school uses them. This assertion cannot be controverted. But when we use them for glandular paresis, atrophy, with induration; when we use them for paresis or paralysis of the nervous system, we are using them homœopathically. When we use them for weak, irritable, or dilated heart, we are using them homœopathically. They are homœopathic to sterility, scanty menses, persistent amenorrhœa, and premature senility. Now, in the following synthetic pathogenesis, I shall not mention diseases of the glands characterized by enlargements, swelling, hypertrophy with induration, or inflammation (except baryta in tonsillitis), because to such diseases iodine and baryta are antipathic, and if they are used in such cases successfully, they must be prescribed in material doses, sometimes massive enough to get their pathogenetic effects. In proof of this I will say that on questioning those who use baryta iodide for such conditions of the glandular strictures, I find they use the 1x or 2x trituration, rarely the 3x or above.

The following are the most characteristic symptoms of the two drugs combined:

SYNTHETIC PATHOGENESIS OF IODIDE OF BARYTA.

Mind.—(I.) Sadness with excessive nervous excitability. (B.) Dejected; he does not wish to speak; extremely despondent and depressed; she believes that she must die; cries. Great fear and cowardice; great irresolution about small things; he wants to drink the cup of coffee, then again not; does not known what he shall do. Great forgetfulness, so that he does not know what he has just spoken.

Head.—(I.) Vertigo, with throbbing in the head and all over the body; tremor at the heart; fainting; worse immediately after rising from a seat or bed, or by sitting or lying down after slight exercise. (B.) Confusion and heaviness in the head in the evening, with sleepiness; the head constantly falls forward; vertigo when rising up from stooping; vertigo so that he does not know where he is when walking along a little path; pressive sticking on the vertex, which extends through the whole head, whenever he stands in the sun.

Eyes.—(I.) Protrusion of the balls, with œdematous swelling of the lids. (B.) Weakness of the eyes, especially in the evening by candle-light; during the day, a cloud is before the left eye; by candle-light a glimmer; sensation as of gauze before the eyes in the morning and after a meal; inflammation of the margins of the eyelids.

Nose.—(I.) Violent sneezing and irritation of nasal mucous membrane, followed by fluent, watery, irritating catarrhal discharge, which becomes yellow, alternating with stoppage of the nostrils; epistaxis when blowing or touching the nose, which is tender to contract. (B.) Obstinate dryness of the nose; discharge of thick yellow mucus from the nose; frequent nose bleeding.

Ears.—(I.) Difficult hearing; ringing, roaring, and other noises in ears. (B.) The gland below the right ear is swollen and painful to touch; drawing pain in the ears; a kind of twinging earache; tearing, with boring and drawing in the bones in front of the right ear; itching in the ears; severe buzzing in the ears, in the evening, like a ringing of bells and a violent wind; cracking in both ears when swallowing; crackling in one ear on swallowing, as if it were breaking; a reverberation in the ear in blowing the nose violently.

Face.—(I.) Face pale, yellowish, or greenish; sallow, distressed countenance. (B.) Face puffy; face pale; tensive feeling in the whole skin of the face; cannot close the lower jaw without great pain in the articulation.

Mouth.—(I.) Bleeding of the gums; teeth covered with much mucus in the morning; offensive odor from the mouth, with salivation. (B.) Tongue coated, as if fuzzy; smarting burning in the tip of the tongue;

much trouble with tough phlegm, which has no end; from it the mouth becomes very dry, and therefrom a kind of thirst; the mouth is constantly full of water which rises from the stomach; salivation: during the morning sleep, saliva runs out of the mouth; foul taste in the mouth every morning with very coated tongue.

Throat.—(I.) Constriction in the throat, impeding deglutition; ulcers in the throat, with swelling of glands of neck. (B.) Takes cold very easy, and has an inflammation of the throat in consequence; after chilliness and heat, and bruised feeling in all the limbs, an inflammation of the throat, with swelling of the palate and tonsils, which suppurate, and on account of which he cannot open the jaws, neither speak nor swallow,—with dark brown urine and loss of sleep; attacks of choking in the throat after dinner, when sitting and writing, with a sensation as if the thyroid gland were pressed inward, which thereby impedes respiration; constriction in the throat, with sensation on swallowing as if a plug were in the region of the larynx—worse in the afternoons; sticking in the throat, worse when swallowing, with dryness, in the evening; smarting pain in the throat when swallowing, though most on empty swallowing; therewith the throat is painful externally on both sides to the touch; a sensation in the pharynx as if a fine leaf before the posterior nares, in the morning after waking.

Stomach.—(I.) Ravenous hunger; cannot be satisfied; nausea; vomiting renewed by eating; heartburn after indigestible food; swelling and distension of the abdomen. (B.) Sensation of hunger in the stomach, but no appetite; a feeling of weakness in the stomach, which disappears after eating; pressure in the stomach as from a stone—relieved by eructation; sensitiveness of the pit of the stomach; on stepping hard he feels every step painful in it.

Abdomen.—(I.) Heat and burning in the abdomen; violent cutting colic. (B.) Painful distension of the abdomen; hard, tense abdomen.

Stool.—(I.) Diarrhœa; stool watery, foaming whitish mucus, alternating with constipation. (B.) Frequent and urgent desire for stool; can hardly retain it; stool with bloody mucus, with pain in the rectum.

Urinary Organs.—(I.) Copious and frequent micturition. (B.) Urging with frequent desire to urinate; can hardly retain the urine.

Male Organs.—(I.) Swelling and induration of the testicles. (B.) Decrease of sexual power in both sexes; numbness of the genitals, and impotence; atrophy of the testicles.

Female Organs.—(I.) Uterine hæmorrhage renewed after every stool; excoriating leucorrhœa. (B.) Atrophy of ovaries; scanty menses—too frequent; bloody leucorrhœa.

Respiratory Organs.—(I.) Hoarseness, with pain in the larynx, and desire to cough; tightness of respiration; difficult, especially inspiration; dry cough, with stitches and burning in chest; sensation of

weakness in chest. (B.) Soreness in chest when coughing ; a feeling in the larynx as if he inspired only smoke ; violent dry cough in evening ; cough with constant tickling in morning, with much mucus ; hoarseness or loss of voice for weeks.

Chest.—(I.) Burning, sticking tension in parietes of chest ; sore pain in chest, continuing on both sides, when breathing and on external touch ; rattling of mucus in chest, with rawness beneath sternum and heaviness in chest. (B.) A fullness of the chest, with short breathing, especially when ascending, with stitches in chest when breathing.

Heart and Circulation.—(I.) Violent palpitation—worse from the least exertion ; constant, heavy, oppressive in region of heart, with sharp, quick, piercing, movable pains ; great precordial anxiety, obliging him to constantly change his position. (B.) Violent, long-lasting palpitation ; at times violent palpitation ; palpitation of the heart when lying on the left side ; palpitation of the heart which is renewed when thinking of it, for then it makes her anxious—most at midday ; pulse full and hard.

Neck and Back.—(I.) Burning in the right scapula ; drawing and pressure in region of right kidney ; a pressive pain, now decreases, now increases in coccyx and sacrum ; rheumatic pains in nape of neck and upper arms. (B.) Great swelling of all the glands of the neck region for several days : several swollen glands in the neck and occiput ; heaviness in the small of the back and in the loins, as from taking cold ; tensive pain in the small of the back, worse in the evening, so that he could not rise from sitting or bend himself backwards.

Extremities.—(I.) Trembling of limbs, especially hands ; violent cramps and convulsive jerking of arms, back, and legs, which scarcely cease for a moment ; tremor of limbs like that caused by mercury ; rheumatic pain in nape of neck and upper arms ; twitching and jerking of anus, hands, and fingers ; trembling of hands ; great tension of limbs, almost like a cramp in thighs and legs, only when sitting, not while lying, walking, or standing ; twitching of muscles of thighs ; limbs and feet feel as heavy as lead ; lassitude in limbs so she could hardly stand, as if stiffened. (B.) In the axillæ under the arms, frequent pain in the glands ; the arms are heavy and trembling ; the arms fall asleep when lying upon the table.

Fever.—(I.) Flushes of heat, or alternation of chill and heat ; rise of temperature, with great weakness, with sour night sweats ; all over every morning, with profuse sweating of the cold hands and feet. (B.) Great sensitiveness to cold ; chilliness in going into a room from the open air ; heat at night and anxiety, so that he does not know what to do with himself ; lasts till morning on rising ; she cannot lie on the left side, on account of orgasm of blood and violent palpitation, with a feeling of soreness in the heart and great anxiety.

Skin.—(I.) Feeling like severe flea-bites over whole body day and night ; very painful and sore pimples over various parts of the body ; various species of eruptions, from simple erythema to morbus maculosus. (B.) The skin on the back of the hands and the tips of the fingers becomes rough and dry and scales off.

Generalities.—(I.) Emaciation, with great debility and prostration ; profuse night sweats. (B.) Weary, as if with sleepy eyes, during the whole day ; after eating so tired that she cannot raise her hands ; she is too weak to masticate.

The symbol of iodide of barium is $Ba.^{1}$ $Iod.^{2}$,—two atoms of iodine and one of barium ; therefore the pathogenetic effects of iodine should preponderate. But barium is the more powerful metal, and only exhaustive provings will demonstrate which drug exerts the more powerful action.

It is certain, however, that we have in this drug a potent remedy. Hahnemann asserts that conium and baryta are the two principal remedies for the ailments of old age. The same may be said of iodine. All these correspond to senility, whether physiological or acquired.

The mental and cerebral systems are of the greatest importance. They show degeneration of the cerebral blood-vessels, and paresis. The eye symptoms present a picture of scrofulous inflammation of the lids, and a condition of the eyes so common in old people. Iodide of barium is not so well indicated in acute tonsillitis as the baryta carb. or muriate. It is after the inflammatory stage has passed, and left the tonsils enlarged and indurated, from proliferation of tissue and abnormal deposits, that the iodide is applicable. But in this stage the 2x or 3x must be used. The 6x will do no good, for we must get the physiological effects of the drug in order to remove the hypertrophy. It is the same in those glandular enlargements of the neck, axilla, breast, and elsewhere.

The salts of barium have not been used in diseases of the heart as much as they should. The symptoms show weakness and irritability, and closely resemble those of digitalis. When the heart becomes weak, with lessened impulse, and the pulse quick, and there is inability to lie on the left side, and sudden exertion causes palpitation, baryta is indicated, especially if the patient is emaciated. The wasting of the general muscular system extends to the cardiac muscles. Baryta causes a stasis in the capillary blood-vessels, and the mottled hands, cold and trembling, is one of the chief indications for its use.

The pathological effects of both iodine and baryta is to cause torpidity of the ovaries, with atrophy of those organs, and also of the uterus. The sexual desires are extinguished. The menses are too late, or too frequent, and always scanty. The testicles become atrophied. These symptoms are primary. There are no opposite or secondary effects

caused by this drug. When used for these conditions, as high as the sixth may be prescribed, but for enlargements, hypertrophy, and induration of those organs, we must get the physiological effects of the drug, or we get no curative action. For this the 2x or 3x may suffice. My use of this unproven drug has extended over nearly twenty years, and my indications are based on experience. I hope we may have provings, but I do not not deem them necessary, so long as we know the symptoms of its elements.

CHICAGO, ILL.

Note.—The above paper was written in May, but was preceded by a similar one on "The Unproven Iodides," which was read before the American Institute. Judge of my surprise, when in August I first saw the paper of Dr. Lorbacker, published in the July *Recorder*. Dr. Lorbacker's paper was published in the *All. Hom. Zeit.*, No. 19. I am gratified that one of the leading physicians of Germany should be in accord with me in this matter. His paper was entitled, "Concerning the Use of the Compound Metallic Remedies in Homœopathy." He remarks : "I have made an effort to keep aloof from *that orthodoxy which hinders all progress and* ultimately leads to a standstill and to annihilation." There never was a more pregnant sentence written, and it contains a warning which some of our schools should heed.

Dr. Lorbacker declares that his studies and experience prove to him that two metallic substances, which have been proven separately, will, when united, contain the virtues of both, and they can be selected by the combined symptoms. He asserts that this is not in violation of any law of homœopathy. He cites the use of merc. cyan. in diphtheria, and says : "An examination of a pathogenesis of merc. cyan. as a single medicinal substance was impossible because we have none, but we have one of merc. and one of acid hydrocy. These two provings offer almost a complete picture of severe diphtheria." Experience has established its great value. HALE.

SWANISM, OR WHAT?

By J. L. CARDOZO, M.D.

NOTICING the advertisement of Dr. Swan in your journal (specific medicines for each of the zymotic diseases), I thought to myself : "What a boon for parties who do not want to pay a doctor's bill! What a boon for undertakers! What a work for coroners!" In another journal,* Dr. Swan explains, that he has discovered the poi-

* *Hom. Recorder*, May, 1889.

son of scarlatina, measles, diphtheria, small-pox, hydrophobia, etc., also the way to potentize that poison; and that the latter is now the *only* medicine needed to treat and cure these cases (every zymotic disease by its own poison). He assures us *that every case will be cured, "provided the potency is high enough."* One dose is to be taken, and repeated after twenty-four hours; if not improved, take a higher potency; if the patient *dies*, it is only because the potency was not high enough.

What a pity that the old homœopaths were not acquainted with that wonderful remedy. Jahr, Hering, Dunham, the yet living Lilienthal, Small, Raue, and a host of writers of recent date, have mentioned from ten to fifty different remedies, and have minutely described all their symptoms in these diseases, so that it is very troublesome and hard study sometimes to find the similia. All this is no longer needed. The chapters on zymotic diseases can henceforth be very short. All we need is to be able to diagnose the case. Under therapeutic hints, or remedies, only *one* medicine is to be mentioned—Swan's high (highest) potency of that disease. How simple! A child gets sick; the parents send for a doctor (if they can't treat it themselves) only to diagnose the case; to get the *name* of the disease. Knowing this, you send to Dr. S. one dollar and get twenty tablets to cure that *name*—I mean that disease. Ask at once for the *highest*, for fear that one potency less may not be high enough. Give one dose in twenty-four hours as directed, and wait patiently. If the child recovers, surely the medicine has done it; if it dies, well, it is your own fault. It proves "the potency was not high enough." Why did you not spend a couple of hours and make the potency a 7000 higher (rinsing process)? We are afraid that the coroner (no doctor has treated the case), will differ in opinion with Dr. S., and give his certificate—"Died: primary cause, diphtheria; secondary, neglect of treatment." Yet it is very difficult to *prove* by experiment, actual facts, that Dr. S.'s assurance is false. For not being able to get the *highest* potency (as long as water can be obtained, a higher potency can be made), Dr. S. can always attribute a fatally ending case to the potency not being high enough. But what cannot be directly proven to be false is by no means proven to be true. Therefore the burden of proof rests with Dr. S.

By the way: Would Dr. S. not favor the profession at large, of all schools, with the result of his discovery? That is: will he not tell us the shape, color, properties, etc., of these zymotic poisons which he has discovered? The different bacteria, etc., are always described. Or is that poison something spiritual? Again, in which fluid can it be dissolved? Water, alcohol, ether? Is the process a secret? How were the experiments conducted? If the doctor expects and invites the profession to make use of it, the latter want to know something more about it. But very likely Dr. S. knows better. He will agree with us

that it hardly can be believed, for instance, in a cure of malignant diphtheria, which is usually fatal in from two to four days, that any physician would dare to trust an unknown something, and to rely for treatment on ONE DOSE in twenty-four hours of—what? A something that one man says he has discovered, but cannot demonstrate to others. It seems to us, therefore, that Dr. S. only offers his wonderful curative zymotic medicine to the public to enable them to treat their cases without a doctor. His medicine has even a *trademark*. We have not the least objection. Neither do we find fault that he declares *his* medicine the best, and *guarantees always* a cure (provided the potency is high enough). Every man who sells a patent medicine or a specific does the same thing. Perhaps it would pay him better to advertise in the daily papers, for to the public he must look for customers.

But what we do object to is for Dr. S. to call his method, as advertised, *Homœopathy*. He disgraces that name, and brings ridicule upon the homœopathic profession in general. It becomes our duty to protest against this. Let him call it *isopathy*, *Swanism*, *Pasteurism*, or any other -ism or -thy, but NOT Homœopathy. That the latter name cannot be applied to his method as advertised is plain. (We do not allude to high potencies in general, we confine ourselves to the subject under consideration.) First Hahnemann never taught that a disease, caused by taking a certain drug in large doses, can be cured by small doses of that *very same* drug (that is not *similia*). Second, Homœopathy cures a *patient*, not a *name*. Hence a disease bearing the same pathological name, attacking twenty individuals each in a different manner, that is, exhibiting a different group of symptoms, requires for each individual a different remedy (sometimes more than one, as we all know) to perfect a cure. To maintain that they all can be cured by one remedy, as Dr. S. alleges, is therefore not Homœopathy. Third, the homœopathic physician watches his cases, and if after a reasonable time a medicine does not seem to bring on improvement, he studies the case closer, seeks and finds another remedy, that seems better indicated,—a closer similia. He does not cling to that same *unsuccessful* remedy, only using a gallon more of water in the rinsing process, before he administers his remedy anew.

It is a new method of Dr. S.—an invention of his own,—therefore, honor to whom honor is due, and we should call it SWANISM. Would Dr. S. himself dare to rely on that method in a malignant case of diphtheria, or malignant scarlatina? It is hardly to be believed. But that is his business. I doubt if any other physician would risk his name and reputation, perhaps lose his practice, and suffer the pangs of remorse and the censure and condemnation of his conscience.

It is not fair that Dr. S. should induce intelligent people to infer, that *his* method of curing zymotic diseases is the way we Homœopaths

in general cure our patients; that on such foundations our belief rests. As soon as he calls his method *Swanism*, we have nothing more to say. Otherwise we must object, and request other physicians to join and sustain us and to raise their voices against a misrepresentation of the Homœopathic law of cure.

Brooklyn, N. Y.

SUPPORT OF THE PERINEUM DURING LABOR.*

By E. B. Grosvenor, M.D.

TIME used to bring up the subject of obstetrics before this body, according to text-book rule, is worse than misused. My object is to give some thoughts bearing on this subject in nowise connected with the general mechanism of labor, agreed upon by the best text-books, but rather a procedure in dispute. An anatomical condition I believe to be responsible for many of the complaints following an accouchement. Whoever desires to become well versed in the theory of physiological labor, and the accidents attending it, can do so by consulting the text-books. We will take for convenience a normal labor, with head presentation, every function of the parts carried on properly, and the child being born. Apparently all is right. Now just before the child is born there is a bulging of the pelvic floor, ambiguously called the perineum. When these parts bulge, something has to give way or stretch downward that the head may clear the pelvic floor. The force behind is the contracting womb. But what supports these soft parts upon which the strain comes? When a child is being born the descent downward of the perineum from a normal state is, on an average, two inches—in some considerably more, in others less—the descent being inversely proportioned to the size of the outlet. When an evacuation of the bowels occurs the sphincter ani will bulge about three-fourths of an inch. This bulging during stool and parturition is prevented from becoming a prolapsed condition, and the sphincter muscles enabled to act, by reason of a support from above. This support consists of muscles inserted below to the muscles surrounding the rectum and vagina, while above they are inserted into non-yielding structures; when these supporting muscles are stretched they exert a traction at the point of insertion, and by their resistance aid the sphincter dilatation. Now let me locate these supporting muscles. Arising from the posterior surface of the os pubis, the pelvic fascia, and spine of the ischium, is the levator ani muscle; passing down, back and in, it is inserted in the median line, to the walls of the rectum and vagina, its fellow of the opposite side, and the coccyx. The

*Read before the Indiana Institute of Homœopathy, 1880

bulbo-cavernosus muscle arises from the space between the sphincter ani and the orifice of the vagina; its two halves pass up on either side of the vagina. The upper anterior end divides up into three slips, the first inserted into the lower surface of the corpus cavernosum of the clitoris, the second into the posterior portion of the bulb, the third joins the corresponding one on the opposide side in the mucous membrane of the vestibule; and all, through the medium of fascia and tendon, are connected to the pubic bones. The levator ani and bulbo-cavernosus muscles both attach to terminal ends of the rectum and vagina. When any pressure is exerted from above these two muscles act to draw the orifices of the pelvic floor outlets upward, thus supplying a resisting force to the downward pressure and effecting dilatation of the sphincter muscles to which they are attached. Now when the head is unusually large, or the floor of the pelvis unusually lax, the pressure upon the levator ani and bulbo-cavernosus is so great that their fibers tear apart—not sever entirely always, but their continuity is destroyed--and although the superficial fascia and integument remain intact, the pelvic floor is from the tearing of these two muscles rendered anatomically imperfect. Hence we run across cases with prolapsus of the womb where there is no cause in sight. In such cases, if the physician will introduce his index finger into the rectum, and his thumb into the vagina, he will soon feel by pressing the two together he has nothing between them but mucous membrane of rectum and vagina, and where such is found to be the case, practically nothing can be done to cure the patient. Few text-books mention this condition, and then speak of it in few words, but I believe it to be the cause of the great majority of our incurable prolapsed wombs; and no operation seems to avail. Now since this state of things cannot be remedied, the next thing is to prevent it, and to this end the posterior portion of the pelvic floor should by all means be supported by the accoucheur's hand, while the head is in the act of bulging and passing over the perineum; thereby the undue strain upon these muscles is prevented. For this reason I am unqualifiedly an advocate of perineal support during labor.

Richmond, Indiana.

SOME THOUGHTS ON THE FIRST VOLUME OF CHRONIC DISEASES.

IV.

By S. Lilienthal, M.D.

"ANOTHER obstacle to the cure of chronic diseases is the enervation of the system consequent upon excesses, and by such vicious practices the most robust bodies often dwindle down to a shadow; yea, the latent psora entering into combination with a badly managed

syphilitic poison, this union gives origin to the most distressing disease. To cure such an intricate case we must first remove the psora and after that the syphilis." (Page 148.)

As soon as we begin the study of homœopathic therapeutics we come on debatable ground, and whether we like it or not, differences existed even during the life of the master, and will continue forever; and Hahnemann's own teachings in the Organon, p. 203, that " no theoretical conjecture will furnish an answer to this problem, and that it is not by such means we can establish, in respect to each individual medicine, the quantity of the dose that suffices to produce the homœopathic effect and accomplish a prompt and gentle cure. No reasonings, however ingenious, will avail in this instance ; *it is by pure experiments and precise observations only that this object can be obtained*," is taken by both branches of homœopathists as a sign of their standing in the profession. Both rely on experiments and observations in the treatment of diseases according to the law or rule of similarity ; both claim successes in all curable cases ; but let charity to all prevail, so that our shibboleth be acknowledged by all, and any irregularity be removed from the regulars.

Let us return to Hahnemann and his teachings, a man whom we all love and venerate, though some of us might differ from him in particular points. We all agree that the physician must study the *symptoms of his patients and select a remedy in harmony with them;* our old totality of symptoms, with individualization of the patient and the drug, and as Hahnemann teaches in the Organon that the physician observes these symptoms by means of sight, hearing, and touch (physical examination), we cannot see what else a physician of any school can do to diagnose and prognose his case ; and his prescription will be in harmony with his knowledge of the means which a kind Providence has vouchsafed to us for the cure of the afflicted. As we progress in our medical knowledge, the significance of symptoms will become clearer to us ; we learn to individualize symptoms, differentiating the peculiar and prominent hints from the common ones found in every ailment ; and thus it is clear when he teaches:

" *The physician must not interrupt the action of the antipsoric remedy ;* let him not exhibit an intermediate remedy on account of a little headache which may perhaps come the day after the antipsoric remedy was given, or another remedy for a sore throat. The rule is : *Let a carefully selected homœopathic remedy act until it has completed its effect.*"

My friend, Prof. Carleton, of New York, once said to me that " this is the hardest task for a physician to do, and to wait ; because so few of us are acquainted with the duration of medicinal action, and because we do not individualize our patients enough in relation to age, temperament, occupation, and environment." In chronic diseases, and of those the volume before us treats, there is certainly nothing lost by waiting,

and I entreat my friends who are in the habit of using the lower potencies to try the experiment, for only by precise observation will they become convinced of this crucial test of waiting patiently for the result of the remedy employed, even "when the remedy calls out symptoms which have already existed weeks and months ago; this apparent aggravation and the development of new symptoms only shows that the remedy has attacked the disease in its inmost nature, and its action ought to be left undisturbed."

San Francisco, Cal.

HYDATIDS OF THE LIVER.*

By R. S. Gutteridge, M.D.

HYDATIDS of the liver is considered a very uncommon disease in man, but under the common designation of "flukes" or "the Rot," it is prevalent amongst sheep, and has proved very fatal, whole flocks being rapidly carried off by it. Oxen and deer, hares and rabbits have also been affected. It always occurs on damp, low-lying ground. Its fatality is caused not so much from the changes in the liver, marked as they are, but from alterations in the blood, which becomes impovished, just as it does in granular kidney. A sallow pallor of the skin ensues, there is an unusual whiteness of the eyes, the caruncle at the corner of the eye getting pale and slightly yellow. After a time the animal loses fat rapidly, becomes œdematous and dropsical, gets very feeble, and dies.

On April 22, 1875, a young man from the country, aged thirty, a grocer, presented himself to me as a patient, remarking, "You see before you a dying man." He was asked to explain himself. He said he was suffering from hydatids of the liver. That he had been at St. Thomas's Hospital, had been tapped twice, and that in the fluid drawn off the hydatids had been found. That on becoming again dropsical for the third time he had presented himself at the same hospital, but they declined to operate, and informed him that the tumor might burst at any time, in which case death would instantly ensue. This was the more, he thought, to be regretted as he wanted to get married, which under present circumstances was impossible, as the father of the lady positively refused to allow his daughter to ally herself with a man whose life was so precarious. The patient had consulted several physicians, but the verdict was everywhere the same, so that his brothers, with whom he was in partnership, remarked on his coming away on the morning in question, that he was simply going to waste more time and money on an errand as fruitless as all the others had been.

The patient was of middle height, fairly built, presenting exactly in

* From the *Homœopathic Review.*

the face the yellowish pallor previously described. The abdomen was considerably distended and fluctuation unmistakably present. There was no tenderness of the liver, but a foul taste in the mouth, and occasionally his water was white. I prescribed for him conium 2x, three drops twice a day, and phytolacca 2x in trituration, three grains dry on the tongue night and morning. These medicines were never changed. I have ascertained that he had his prescription made up forty-three times. I also ordered smart friction of the abdomen night and morning. On July 5, the patient was seen again, when he reported himself a great deal better in health—better in every way; he is considerably smaller round the abdomen. He was to continue the medicines. By November 2 of the same year he had regained his usual health. Until fluctuation was discovered the authorities at St. Thomas's had resolved to use galvano-puncture.

This young man was seen again in March of the next year, when he reports that he had been quite well for some months, but was now suffering from nervous sensations and indigestion, for which I prescribed. He has remained quite well up to the present time, and has all along managed a large business.

The Germans (see Ziemssen's "Cyclopedia of Medicine," *sub loc.*) consider that this affection is caused by the ingestion in an immature form of certain minute thin-walled snails either in drinking water or from badly washed salads or watercress. In the stomach they find room for further development, and ultimately pass on to the liver. The article goes on to state that there is dull pain in region of liver, which is markedly increased in size, there a large fluctuating cyst demonstrable in palpation. There is disturbance of digestion and ensuing emaciation, failure of power, complete exhaustion, dropsy, and death. The duration of the disease is three or more years. There can be no question of treating the affection until its existence is rendered positive by the proved presence of the hydatids as in this case, by tapping and examination of the evacuated fluid.

The patient in question attributed the origin of his illness to a violent blow which he received nine years before; it was succeeded by jaundice. Ziemssen states that there is a possibility of removing the parasites from the biliary passages; but "Quain's Dictionary" says: "It is now considered the best treatment not to wait for urgent symptoms, but when the disease is fully developed to let out the contents." In the case here reported this had been done until it could no longer be done with safety, and urgent symptoms were present, so that there was nothing for it but to try what medicines could do; they were tried and proved effectual, though the writer in "Quain's Dictionary" goes on to say that medical treatment by medicinal agents has been fairly tried, but has been found useless.

Brook Street, W., London, Eng.

ANOTHER CACTUS CASE.

By S. Leavitt, M.D.

A MAN came to me a few days ago complaining of a severe pain in the precordial region, which attacked him several times a day, and which served to disable him for his accustomed work. A number of days before, while in the discharge of his duties as night watchman in a planing mill, it being a part of his business to shovel shavings into the furnace, he was suddenly seized with an attack of pain similar to the attacks he had since been experiencing. During these paroxysms he was scarcely able to move, and the countenance became pale and distressed. He had always been robust, was unacquainted with pain, and, on a careful examination, the physical signs seemed entirely normal. He was unable to give a good description of the pain, but it was more or less lancinating in character, and was rather *expansive* than *contractive*.

As the ailment appeared to be the result of strain, I gave him rhus tox., and requested him to return in two days; meanwhile he was to indulge in perfect rest. At the end of that time he reported no improvement whatever. As the symptoms pointed clearly to cardiac disturbance, I resolved to try the effect of cactus, which I used by moistening pallets with the tincture. The result was magical, inasmuch as he experienced but a single paroxysm after the first dose, and has now been at his usual work for several days.

It will be observed that the pain in this case was quite unlike that which most commonly calls for cactus, yet a finer cure could not have been made.

148 Thirty-seventh Street, Chicago.

THE RAPID PRESCRIBING MACHINE.

By G. H. McCurdy, M.D.

"THIS little machine," said the black-mustached and bright-eyed representative of Boericke & Sherman, as he clears his throat, at the same time removing a number of Mellin's Food bottles from his table in the Medical Exhibit room of the American Institute of Homœopaths—"this machine is no catchpenny affair, foisted on a trusting profession by an unscrupulous firm, but a genuine labor-saving affair, designed to facilitate rapid prescribing at the bedside. It may be used with the utmost confidence in its reliability and truthfulness. It is absolutely noiseless unless otherwise desired. It may be taken to the bedside, secured from view under an over-

coat, and receive its answers on little cards similar to these"; here the bustling little man distributed a handful of cards, some on blue paper, others on red paper, each containing some medical advice printed with rubber type in violet ink. "The mechanism is far too complicated for ready explanation to a medical audience, but it is enough to say that it is dual in its various departments; it will give answers according to the cards inserted and either in writing or orally. It is a new Nickel-in-the-Slot machine with phonograph and type-writer attachments. We have many recommendations from hysterical women and ministers, some eminent jurists, and a few prominent physicians."

Thus proceeded the little man as he unlocked a small oblong mahogany casket with several silver buttons ranged along the front, and a speaking-trumpet-like affair inserted in one end. After a voluminous explanation of the purposes of the invention, its absolute reliability, and the unselfishness of his firm in putting it fairly on the market so that all might have an opportunity to become better prescribers, he called attention to the color of cards used: one of these, in red, he gave for use to the I. H. A. questioner, and the blue-face to the tincture practitioners. The question to be asked was written on the card and accompanied by a nickel was inserted in a specified aperture of the casket. This operation set the mechanism at work, and in a few moments an answer would appear either in print, or, by the addition of a few grains of crude platinum on the sounding disc, automatically controlled by one of the silver button stops, the type-writer attachment would be shifted and the phonograph mechanism be in line. The former to be used at the bedside. This speech concluded, trials were invited—the limit of the machine being ten cards; in other words, ten nickels would give complete answers to the treating of the most intricate case. Having sold a bunch of red tickets to an I. H. A. man, and the phonograph stop being liberated, the red cards accompanied by the respective nickels were inserted seriatim and answers spoken as follows:

1 Q. In a case of double lobar pneumonia in a patient with psoric history, with pulsatilla thirst, nux vomica diarrhœa, aconite mental quiet, apis profuseness of urine and bryonia restlessness, what remedy shall I give?

A. Give the Indicated Remedy in a high potency and singly.

2 Q. And if that fails to remove the symptoms enumerated, what next?

A. Give it higher.

3 Q. The red hepatization having progressed despite the remedy and it being still indicated, then the next step?

A. Give the fluxion potency of the DCMMX every seventeenth day at 6:23 A.M.

4 Q. Having waited ninety days for this remedy to exhaust itself, and patient showing symptoms of being moribund, what next?

A. Give Sac. Lac. for one week, using our especial brand, prepared in dustless, patented ten-pestle triturators.

5 Q. The patient still being alive, what next?

A. Give one dose of Sulfur of the four thousand-quintillionth and wait?

6 Q. Having waited for the demise of the patient, but the *vis medicatrix naturæ* still sustaining life, what next?

A. Send to our home pharmacy for a special graft of the indicated remedy and give it.

7 Q. That being also done, what next?

A. Study up your case anew, read a chapter in the Organon, and give Lac Caninum.

8 Q. If with all this pure homœopathy, study, and Sac. Lac. the patient does not improve, what will follow?

A. The patient's death.

9 Q. But if the patient does get well, after collecting the bill, what shall be done next?

A. Write out the case for your favorite journal as a "clinical verification" for others.

10 Q. Is there any other sagacious counsel reserved for me in the treatment of this case?

A. There is not. Good-day, and thanks for the nickels.

"There, gentlemen, you see there is no attempt at mystification. The answers are truthful, prompt, and intelligent. No drug disease can possibly follow in the wake of such Hahnemannian prescription. But there is another side to this shield. Will some gentleman purchase a stack of blue chips—I beg pardon—a bunch of blue cards and give me an opportunity of exhibiting the type-writer attachment? Thanks. Here they are. You're an Institute member? Very well, then. Write your question and insert it into the slot, and stand still till the answer appears printed on a card from this chute."

All this being done, the following proved to be the result:

1 Q. I have a sixteen-year-old girl *femme sol* with burning heat, restless, anxious, drinking large quantities of water, arterial-storm pulse, chill at 10 A.M.,—what shall I give?

A. Give aconite $^{\theta}$ in five-drop doses every fifteen minutes for the fever.

2 Q. The fever being controlled, but the chill becoming more pronounced, dry parched lips with great thirst and sweetish expectoration, what shall I give?

A. Give four grains of quinine in capsule every two hours, and alternate bryonia 3x and phosphorus 7x every four hours.

3 Q. If chill stops, but fever re-begins, descending to chest with rattling breathing, what next?

A. Make hot linseed pack and envelop chest ; use ice-cap for vertex; soak feet in hot water arnicated or calendulated; and give jaborandi θ, five drops every five minutes.

4 Q. After the sweat has subsided, if the flushes of heat continue, with an occasional chill, then what?

A. Use pleximeter on lungs and abdomen. Make microscopic examination of urine. Insert thermometer in vagina and rectum and diagnose hyperæsthesia of all the nobler organs.

5 Q. If the fever persists unabated, with a hot spot on vertex, much abdominal pain and tenderness, what is the next step?

A. Insert speculum in vagina, break down all adhesions, diagnose ulceration of anterior lip of cervix uteri, and recommend astringent washes.

6 Q. If the fever and chills continue and collapse threaten from this mysterious *materies morbi*, what shall be done next?

A. Recommend hysterectomy and ovariotomy.

7 Q. Being declined with thanks, and the patient still suffering?

A. Give a hypodermic of morphine frequently.

8 Q. The patient being now cured of her restlessness, what is the next step?

A. Give massive doses of calomel to stimulate liver.

9 Q. That being done, what is left?

A. Examine rectum, find papillæ and pockets, and dilate the sphincters.

10 Q. And next?

A. Call in a high potency fellow to cure your case.

"You may keep those answers, Doctor ; that is a specimen of the work done at the bedside ; silent and sure."

At this instant some one in the main hall began playing the aria, "My Maryland," and a moment afterward the charming vocalist, Mme. Adalina Patrovski from the Russian Conservatoire sang an improvised song, not sent the Institute, by T. P. W., of which the first verse ran—

Oh, Hahnemann, my Hahnemann,
'Tis most deftly spun
Thy Organon.
With tinctures gay, and I. H. A.,
We will sweep the day,
My Hahnemann, etc., etc.

and the Nickel-in-the-Slot machine man was left solitary and alone.

Saffronville, Ga.

ANÆMIA.*

By E. A. Neatby, M.D.

ADA C., aged nineteen, March 18, 1886. Has been anæmic for about a month, the face having a yellowish tinge, especially round the eyes. She complains of dyspnœa, especially on going upstairs, of palpitation (felt only about the region of the heart), of languor and loss of appetite. She dislikes fat. Bowels regular. Pulse 100; there are hæmic bruits at base and apex, which latter beats in the normal situation. Menstruation is regular, and lasts six days, the discharge being scanty and pale.

She has a cough which is worse at night and in the morning. Ferr. sulph. 1x., gtt. iii., three drops thrice daily after food.

March 25.—Cough no better; anæmic symptoms better. Continue ferr. sulph., and add nat. mur. 3 trit., three grains three times a day.

April 1.—Cough gone; appetite better; less tired and less short of breath. Pulse 96. Continue nat. mur., and take three grains of reduced iron twice a day.

April 8.—Better. Continue iron, and take puls. 3x., three drops three times a day.

April 15.—Is now as well as usual; menstruation is delayed a week; the hæmic murmurs are still present though less loud.

April 29.—Only feels a little tired now; face still somewhat pale and yellowish. Kali carb. 30, gtt. iii., ter die.

May 6.—Feels less tired and in good health.

On November 22 of the same year this patient returned with the same symptoms as she had in March. She had often been anæmic before, and had got better as last time, while taking iron, with or without pulsatilla, etc. But she only keeps well four or five months, and then again loses appetite and color. She has no cough this time, but has not menstruated for seven weeks. She feels the tiredness most in open air, and the dyspnœa is most marked there also. Pulse 96. She sleeps well. Kali carb. 30, gtt. iii. ter die.

November 29.—Feeling better. Kali carb. 12, twice daily.

December 8.—Less tired and less short of breath. Menstruation appeared two days ago painless, pale and scanty. Continue.

15.—More color. Continue.

22.—Has cold hands; complains of flushes of heat in face after meals. Is very sensitive to cold. Bowels regular. Silicea every morning.

29.—Better. Same tiredness in open air. Repeat.

February 10, 1887.—For five weeks she has taken arsenic in various

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* Read before the British Medical Society.—From *London Medical Review.*

potencies. Menstruation reappeared at the right time in greater quantity and of better color. The dyspnœa is better. Discontinued attendance.

April 16, 1888.—Reports that the periods are regular, and that her health is very good. She suffers only from a little toothache, but she is still pale.

February 4, 1889.—She returned to-day on account of indigestion ; the eyelids are yellowish color, but the general color of her face is better, and she has not had the old anæmic symptoms again.

This case is an illustration of what I have otten observed, viz., that many cases of chlorosis get quickly well, or at any rate very much better under ferruginous preparations in tangible doses, but that they also quickly relapse. In my experience the strictly homœopathic treatment often takes much longer to cure, but the cure is permanent. From the paucity of guiding symptoms I have come to regard chlorosis as most difficult to treat by the rule of similars.

Anæmia and Anazoturia, etc.—G. U., aged nineteen, of medium height and fair complexion, came to me first in January, 1886. She had suffered for four years from constipation. Rather more than four years ago she had a long and severe illness which she calls "low fever"—possibly enteric. Her constipation followed upon that illness and has persisted ever since. She is pale and thin, languid and utterly listless. She is said to be very weak and can scarcely walk out, she gets so fatigued. During the four years she has had strong purgative medicines, more rational treatment, and electricity. Nothing has the slightest effect.

Her tongue is flabby, she has no appetite, feet are cold, head hot with pain on vertex. She sleeps badly after about 2:30 A.M. To enable her to get relief she had an enema every other day, but was always prostrated for some hours after this, partly on account of the pain when the bowels acted.

From my predecessor she had had all the ordinary homœopathic remedies, chiefly in the strong tinctures or in low dilution. From me she had the same or others chiefly in higher attenuations. Sulphur, veratrum alb., silicea, hydrastis, nitric acid, opium, sepia, plumbum, picric acid, lycopodium, thuja, were all used without success as regards the constipation. She gained flesh and strength, however. Kneading of the abdomen twice a week was equally futile, and she discontinued attendance. Toward the latter part of 1887 she came to see me again in as bad a condition as ever. She was attending as an out-patient of this hospital for some time, and had daily massage of abdomen and lower limbs from two of our best nurses, with the same results. In March, 1888, she entered the Hampstead Home Hospital, with a view to more thorough treatment and more careful observation.

On admission her bowels were said to act once in eight or ten days only, if left without help. She was thin, without appetite, without energy, and she took not a particle of interest in anything. She uncomplainingly did whatever she was told, but had no wish to do anything, to go anywhere, or to stay where she was.

On March 17, examination of the urine gave the following results: Slightly acid, sp. gr. 1012, total in twenty-four hours forty-five ounces, giving a total of 17.78 grammes urea, and 1.6 grammes phosphoric acid in twenty-four hours.

This great diminution of urea and phosphoric acid in the urine were taken to indicate a diminution of the general metabolism of the body. With a view of increasing tissue change, and thus improving the general nutrition, daily massage of the whole body was practiced, and electricity (galvanism) was used to the abdomen three times a week. She was fed up and took cod liver oil.

On March 27, the urine examined was acid, sp. gr. 1012, contained no albumen, and measured forty-eight ounces. The urea had increased (from about 17½ grammes) to 22.76 grammes in the twenty-four hours. The phosphoric acid measured 1.5 grammes.

The treatment was continued.

On April 2, the urine measured seventy-two ounces, was clear, slightly acid, sp. gr. 1016, and contained no sugar or albumen. The urea had risen to 36.8 grms., and the phosphoric acid to 2.86. The color, weight, spirits, and strength improved, and the constipation also, but at no time would the bowels act more than three times a week, and that even while the massage and electricity were continued daily. She still had dyschezia, but no fissure or other physical reason for the pain was apparent.

On April 6, the total urea was 28.5 grammes, and the phosphoric acid 2.47 grammes.

When last examined, on April 24, the urea was 31 grammes in twenty-four hours. As the massage was discontinued the constipation returned, and although her general strength, energy, walking powers, etc., remained much better for a long period, enabling her to take a useful part in her parents' business, I have recently learned that the constipation is as bad as ever. She gets an action of the bowels once in seven or ten days, but without enemata or aperients.

A CASE OF SCARLATINA.

By C. M. Babcock, M.D.

I HAVE just had a case of scarlatina of a moderate degree of severity, and with quite typical diagnostic features, which really seems to have had an idiopathic development. There has been no scarlatina

within many miles that I can learn of, nor have there been any avenues open through which contagion might pass to the child. Rhus tox. 3x. dilution has been the remedy and has left nothing desired. Neither aconite nor belladonna have been called for, rhus controlling the symptoms from the start. At the beginning of the desquamative process the urine became scanty, and ars. was given with apis held in readiness. Highest temperature, 104°; moderate sore throat; marked eruption and strawberry tongue.

COLUMBUS, WIS.

OUR EXCHANGES.

INFANTILE THERAPEUTICS.—Constant crying, as in the above case, with restlessness, in which no change of position gives relief, Acon. will not disappoint. Gnaws its fists and cries, hard stools, Acon. Great distress, anxiety, restlessness in dysentery, Acon. The best of children get angry and have spells of rage, Acon. A child cries out suddenly in its sleep as though it had been stabbed; when asked what is the matter says, "nothing," Apis. "Cri cérébral" in scarlatina, Apis. Cannot sleep, measles do not come out, Apis. Great uneasiness in scarlatina, Apis. Sleeplessness in erysipelas, Apis. At night itching, stinging, and burning, of anus, nose, and other parts of body, Ustica useus, and tossing about, aggravated by warmth and can get no relief, Apis. Child screams just before passing water, Lyc. Screams during urination, Borax, Sarsap. A child cries out suddenly and ceases suddenly, and acts as though nothing was the matter, Bell. A child cries all night and good all day, Jalap. Cries all day and good at night, Lyc. Laughs one moment, cries next, Coffea. Cries every time it coughs or immediately before, as though it dreaded the cough, Arnica. The more you try to persuade the child to keep quiet the more it screams, Calc. phos. Cries day and night with whooping-cough strain. Screams and weeps and grasps with its hands, Calc. ph. Child screams when getting awake, Sulph. Is afraid to go to bed, Acon. The least thing makes the child cry, Caust. Fears to go to sleep on account of having dreadful dreams, Nux vom. Will not stay in bed but wants to lie on lap, Cupr.

Children wants to be carried slowly, Puls.; quickly, Ars. Desire to be carried very quickly, will say run, run, with croup, Brom. Desire to be shaken, Verat. Child ceases crying when carried, Cham. Ceases crying in dysuria, Staph. The child grunts and groans when it wants to be carried or when it wants to go to stool, Puls. Dislikes to be carried, Bell., Bry. The child cannot bear motion sidewise, Coffea. Cannot bear downward motion, Borax, Sanicula. Fearful and restless when riding, vertigo and short breathing, Sepia. Anxiety from riding in carriage, Borax, Lach., Psor. A prick in the finger with a needle frightens her so she grows faint and cold and has to lie down, Calc. c. Will not have the wound touched, Ntr. m. Nervous persons, Puls., Verat. Malicious persons, Anac., Nux vom.—W. L. REED, M.D., in *Clinical Reporter*.

—VALVULAR DISEASES OF THE HEART.—Prof. Peter, in a clinical lecture at the Hospital Necker, calls attention to that which he consid-

ers an important point in valvular diseases of the heart. It is the intense feeling of suffocation which a hot bath is sure to produce. The reason is easy to understand. In all valvular disease compensation is established by two factors ; the cardiac muscles for one part, and on the other the extremity of the circulatory apparatus, the muscles of the capillary blood-vessels. Consequently, if you plunge the body in hot water you dilate these vessels ; the peripheral circulation is relaxed by the inertia of the capillary walls ; one of the factors of the compensation is suppressed and the patient suffocates.

Another curious observation is that the lesion may be established without having been preceded by rheumatism. It may follow a fever of but short duration with slight pains in some portion of the body. Mitral insufficiency was found to follow in a young woman suffering from severe torticollis with fever of only twenty-four hours duration.—*La France Médicale.*

—Treatment of Pneumonia by Chloroform Inhalations.—Dr. Theodore Clemens reports that in forty-two years of practice he has treated all cases of pneumonia, severe or mild, with chloroform inhalations, and has not had a single fatal case. To the chloroform he adds alcohol, saturates some cotton twisted into a ball, covers it with some loose dry cotton, and holds this to within an inch of the patient's mouth and nose. He thinks that the chloroform-spirits is taken up by the blood, completely changing it in the lungs, and by defibrination prevents its hepatization in the alveolæ.—*Allg. Med. Central-Zeitung.*

—One writer says: "Had nature intended the perineum to be lacerated, it would have so formed it." Well, it appears that nature *has* so formed it, and it is very frequently torn, whether nature so intended or not. It appears to me that we could, with as much propriety, say that nature did not intend the hymen to be ruptured ; yet it is done, and, too often, prematurely.—C. N. Udell, M.D., in *Med. Brief.*

—Hypericum in Tetanus.—Dr. Hevsen, Leipzig, relates two cases of tetanus treated by hypericum. The first ensued nine days after a dog-bite. The first decimal dilution was administered, two drops every hour. During the first night after this treatment was begun, the little boy still had severe tetanic spasms, but toward morning he became quieter ; next day only three spasms, shorter and less severe ; near midnight a very severe one—the last. On the twenty-fifth day the mouth could be slightly opened, and he convalesced satisfactorily. The second case had been established a week when the treatment was begun. "The girl lay stiff from head to foot, suffered terrible convulsions, and could not lie down for fear of suffocation. Mind perfectly clear, atrocious pains. Morphia had been administered ; it brought sleep, but did not lessen the spasms, during which she urinated copiously. Constipation, fever on and off, with sweat, especially on head. Hypericum ix, in alternation with ledum ix, because patient could not lie down, cured the case."—*California Homœopath.*

—Excellent results are claimed in the treatment of vomiting of pregnancy from the use of one-half to one drachm doses of fluid extract of viburnum prunifolium. In some Eastern hospitals all other remedies have been discarded.

—Apocynum cannab. is a true specific for that atonic condition of the blood-vessels that permits exudation and dropsy.

I have employed it in my practice for some fifteen years, and it has not failed me in a single case where the diagnosis was well made. It is a positive remedy for dropsy, whether it takes the form of œdema, anasarca, or dropsy of the serous cavities, where there is no obstruction to the circulation and no febrile action.

We would not expect it to effect a cure in dropsy from heart-disease, or ascites from structural disease of the liver ; neither would we where there was a frequent hard pulse, and other evidences of febrile action.

Still, in these cases if we can partially remove the obstructions in the first case, and arrest the febrile action in the second, the apocynum will remove the serous effusion.—C. M. Babcock, M.D., in. *P and S. Invest.*

GLOBULES.

—The following is a broad rule : Dropsy of the feet alone means heart, dropsy of the belly alone means liver, and dropsy of all the body means kidneys.

—A child wearing a celluloid comb in her hair approached too near a grate-fire ; the result was a sudden explosion and painful burning of the little one. Beware of celluloid collars.

—The *Medical Standard* gives this composition for Heaton's hernia injection : Morphine sulphatis, one grain, and fluid extract of white oak bark (quercus albus), three and one-half ounces. The amount injected is fifteen minims.

—The term " heart failure," which is so often given as the immediate cause of disease, is used because the health board insist that in every case the immediate cause of death shall be given. Died from want of breath would not be scientific, so the profession write heart failure, and the term passes muster.

—And as another means of furthering our interests in this direction, following somewhat the suggestion of Dr. Claypool, of Ohio, I suggest that a committee be appointed to correspond with the state societies of adjoining states, and if possible formulate a plan by which we may bring together the societies of two, three, or more of these states in annual or biennial reunion. And by this co-operation, by the interchange of opinion, by this union of strength and numbers, pave the way to that recognition from our several state governments, to which we are justly entitled.—C. P. Meredith, M.D.

—In these days when food adulteration is so common, it is a comfort to find an article for the table that is thoroughly reliable. Walter Baker & Co.'s breakfast cocoa is eminent in this limited class. No chemicals are used in its manufacture, and it is absolutely pure. It forms moreover a delicious and healthful drink, as refreshing, and more nutritious, than tea or coffee, and free from the injurious effects that those beverages sometimes produce. The house of Walter Baker & Co., has maintained for more than 100 years a great and honored repute by excellence and purity of its manufactures.

—Two glasses of iced beer killed Ira Paine, the famous American marksman who lately died in Paris. He was of robust physique. He died in great agony. Death ensued not long after feeling the oppression in the chest which the beer had caused.

—Every pressure caused by tight hats, collars, neckties, ribbons tied under the chin, badly cut dresses round the neck, tight clothes, stays, corsets, belts, petticoat bands and strings, garters and shoes, interferes with the free circulation of the blood, and indirectly injures the eyes.—Dr. Roth.

—"This is so far in advance of present methods that it would appear to stand matchless in its approach to Eutopean perfection the auricles of the Godess Hygie is consulted to learn if these things are true in practice as in tautology." So read an unbroken sentence in a MSS. recently reviewed by the Editor.

—We know that in syphilitic affections there are only a few remedies of merit, such as Kali bichrom., Ac. nitr., Mercury, Phytolacca, Mezereum, Potass. iodide, etc. Mercury is the last remedy that we think of in marked anæmia, and still in a given case, such as a recent one of mine, it works admirably.—J. M. Schley, M.D.

—Professor Dick, of Edinburgh, with good reason maintained that there could be no hydrophobia in a perspiring animal or man; that all such alleged cases were the "result of fear and a morbid imagination," and that hundreds have sickened and died under a delusion that they had been wounded by a rabid animal, when in reality the animal was not rabid.—Wm. Owens, Sr. M.D.

—In pruritus due to pediculi, ascarides, an irritable urethral caruncle, an endocervical polypus, early cancer of the cervix, distension of Bartholini's ducts or glands, the leucorrhœa of vaginitis, endocervicitis, and metritis, or the irritating discharges of advanced carcinoma uteri, or to a gouty or diabetic diathesis, peppermint water, used as a lotion, excels all others, cocaine inclusive, in affording relief, while endeavors are being made to remove the cause.

—The New York Ophthalmic College announcement has just arrived and shows the flourishing condition of that institution. It is in its eleventh year, and we find among its graduates the names of nearly all of our eminent oculists, aurists, and laryngologists. The faculty is of the best, H. C. Houghton is President and George S. Norton, M.D., Dean. Clinical instruction has always been a special feature and will compare with any clinic in the world.—*California Homœopath.* We second this statement.

—A correspondent of an English journal writes: "A patient of mine recently swallowed a plate (gold, with two teeth), and I immediately adopted a practice recommended to me some years ago by Sir James Paget in a similar case. I made him eat three good-sized slices of bread and swallow four tablespoonfuls of flour and water made into a fairly thick mass. I then administered an emetic, and the teeth returned entangled in the tenacious vomit. I may add that something of this sort is habitually done at police stations, when prisoners arrested for passing false coins swallow them."

—Dr. Charles A. Stedman has removed from Clay Center, Kansas, to 559 Pearl Street, Cleveland.

—Dr. Neudorfer calls attention to the fact that a real destroyer of infection is present in tobacco smoke.

—One of the Monroe (Mich.) papers recently published a most excellent portrait of President A. I. Sawyer.

Dr. Lilienthal recommends zincum in scarlet fever, when the eruption fails to appear, due to what he calls a contradictory condition, the vital forces being below par and yet nervous erethism present.

—Dr. Orpha D. Baldwin, vice-president of the Ohio Homœopathic Medical Society, contemplates visiting Portland, Oregon, owing to her ill health in Cleveland. If the Far West presents sufficient attractions she will "shingle out" there.

Œdema is the grand characteristic of the apis erysipelas. The affected part at first assumes a delicate rosy hue, very different from the bright red of belladonna, and before the rosy tint has had time to deepen, œdema sets in. I have often noted that the apis erysipelas commences in or near the eyes, preferably the right eye, and less than any other remedy is its erysipelas connected with nasal catarrh, and when the attack is at its height the well-known sac-like œdema appears under the eye. But, as Hering points out, a neglected apis erysipelas assumes a deep purple hue, and is inclined to extend downwards to the connective tissue, finally ending in destruction of the affected part.—Thomas Nichol, M.D.

Poke Berries a Satisfactory Anti-Fat.—Several years ago I called attention to the efficacy of pills made from the extract of poke berries as a reliable remedy in obesity. My attention was attracted to it from the fact that birds that feed on the poke berries in the fall are deficient in adipose tissue. It has been my custom for several years to gather in the fall after frost a quantity of the berries, express their juice, and evaporate it to the consistency of an extract, of which I make pills of three or four grains. The dose is two pills before each meal, sometimes increased to three or four. They diminish the appetite to some extent. In some cases the reduction of weight is remarkable, as much as fifteen to twenty pounds per month.—M. M. Griffith, M.D.

—The Acid Salts of Phosphorus.—In a paper by Jos. Eichbey, M.D., before the Cincinnati Med. Society, the following was said of phosphoric acid: It has a local as well as a constitutional effect, and is of value in many of those disorders known by the general term dyspepsia. It is a familiar fact that many cases, subject to acid eructations and to a disagreeable sour taste in the mouth, owe this hyperacidity to a deficient percentage of free acid in the gastric secretion, in consequence of which fermentations are made possible. Such cases are best relieved by the administration of mineral acids, and it is in them, particularly, that Crystalline Phosphate renders invaluable service. It would seem to supply the needed acid factor to secure complete digestion; and, after absorption, to manifest that tonic effect on the nervous system which seems to be a special feature of phosphorus compounds.

—Chloroform, flavored with oil of cloves, is recommended by Prof. Nussbaum in cases in which pure chloroform produces nausea and vomiting.

—Frequent desire to urinate; pain at neck of bladder and end of penis; must urinate at once which relieves; worse the more he stands.—*Ferrum phos.*

—To keep a young girl, during her first efforts of sexual development, seated upright on a music stool, with her back unsupported, drumming vigorously at a piano for several hours, can only be detrimental.—Lawson Tait.

—The Schoolmaster Abroad.—A member of our profession, who hails from the Glasgow University, and appends to his name the statement that he is a Member of the Educational Institute of Scotland, testified last week, in the Deptford poisoning case, that he has certified the death of one of the victims as resulting from "stomatitis," because he has observed symptoms of inflammation of the *stomach*, resulting, as he thought, from chronic inebriety!

—Fracture at the Base of the Skull.—When there is a free flow of blood from the external ear it is safe to assume that the drum membrane has been ruptured, and if followed later by a discharge of a fluid limpid in color it is unmistakably cerebro-spinal fluid, and there exists a fracture through the petrus bone. Although a seeming paradox it is notwithstanding a fact that if the fracture is not attended by a free escape of the extravasated blood extending over a period of several days' duration, that just in proportion to the degree of pressure thus superimposed, will the graver or more painful symptoms manifest themselves. If the extravasated blood does not find a free egress from the cranial vault the case will assume a less promising outlook, except when, upon the cessation of the hemorrhage, free discharge of the cerebro-spinal fluid takes place, then compensatory relief is afforded.

Hydrophobia.—In conclusion we find that hydrophobia in man has been charged to almost every cause. It does not appear that sufficient care has been exercised in ascertaining its origin in most cases to justify us in accepting or adopting any of the vague and unreasonable assumptions of the advocates of the commonly accepted views upon the subject (to wit): that sick dogs and well dogs, and those which never have been or never may become sick, may cause hydrophobia. That the disease may arise from the bite of horses, cows, wolves, cats, hogs, and epileptics, from angry men and angry women, from wounds self-inflicted and from wounds inflicted by others, without a shadow of proof that any of the parties, animals, or men inflicting the wound have ever been injured by, or even in contact with, rabid animals or persons. And finally there is no medicine or remedy for any disease, hydrophobia included, equal to common sense. After having followed this subject for more than forty years and taken every opportunity to get at the history of more than two hundred alleged cases of persons bitten by animals and persons alleged to be rabid, and having received one hundred and ten letters in response to enquiries, I am to-day thoroughly skeptical on the subject of hydrophobia in man *or any animal which perspires from the surface of the body*.—Wm. Owens, Sr., M.D.

—In Sulphur the sore throat travels from right to left as in Lycopodium.

—During the labor pains the patient must walk about and likes to have her back rubbed—Nux.

—A Boston doctor says we must quit chewing wooden toothpicks, as the small particles cause gastric ulcer. We have found that small ulcers of the mouth are caused by this habit.

—A doctor says that at its birth a negro baby is as light colored as a white baby—the difference cannot be noticed. In three or four hours after birth the skin begins to turn black as the child is destined to be during life.—*Defiance Democrat.*

—Painless Destruction of Nævi.—A. B., aged two. First painted the healthy skin around the circumference of the nævus, for about half an inch, with a coating of coating of collodion flexile ; a thick layer of a 4 per cent. solution of corrosive sublimate in collodion was applied over the nævus. The twelfth day collodion was removed ; the nævus had entirely disappeared.

—It was the late Dr. Freligh who formularized the tonic which he was pleased to call a Phosphorized Cerebro-Spinant, and which is now sold to the profession by I. O. Woodruff & Co., 88 Maiden Lane, N. Y. Its merits are highly commended, but the best evidence of its value can be obtained by a trial, and for 25 cents and the physician's card a half dozen samples will be sent with all charges paid. This will be sufficient to test it in as many cases for a week or ten days each.

OH-DON'T-OLOGY.

Don't overlook the fact that a loaded rectum is sometimes the cause of retarded labor.

Don't forget that the severer forms of nephritis follow the lighter forms of scarlet fever.

Don't send thinly disguised advertisements to your journal under the form of an original communication.

Don't place the clinical thermometer in the center of the mouth lest the breath from the nostrils add to the temperature record.

Don't disgust your patient by a display of too much food, and he should not be consulted beforehand as to what he will eat or drink.

Don't lose your patience if your article does not appear at the time promised. This does not mean that it is "killed," but simply waiting its turn.

Don't condemn a high potency when it stills the hæmorrhage, and in the next breath recommend a hypodermic of veratrum viride, not on indications (?) but only because some allopath has used it.

Don't answer your student's question with "Give the indicated remedy." You know, in the bottom of your heart, that the indicated remedy is not always apparent, and you are obliged to give something for the *disease pro tem.*

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FRANK KRAFT, M.D., EDITOR.
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THE *Northwestern Journal of Homœopathy* for October suffers a triple-initialed contributor to indulge in a savage attack on the putative editor of the *Clinical Reporter*. The unseemly language employed by G. G. J. is altogether unwarranted by anything contained in I. D. F.'s self-laudatory college ad. which forms the basis and superstructure of G. G. J's criticism. No one, we take it, but a rival professor, could have discovered so much villainy compressed within a half dozen "sticks" of cold type, as this pseudo-anonymous correspondent of the *Northwestern* has alighted upon in Prof. Foulon's screed. If G. G. J.'s teaching of homœopathic surgery and his panacea, hypericum, is as thorough as his imagination is vivid and lurid, then the classes of the Iowa University, despite their smallness, will become famous as surgeons and operators. Had J. G. G. been more tolerant of the lawyer-edited medical journal, and less given to rhetorical pyrotechnics, he would have dispassionately answered and refuted Foulon's arguments, and then, having demolished him, stopped.

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INSTEAD, however, being carried away by a personal zeal out of all proportion to the matter in dispute, having "got his hand in," and no one to "talk back," he launches forth into an unprovoked attack on "private" medical schools as opposed to the University system, with the futile hope of showing that his two-chaired homœopathic annex to the Iowa University is the superior of any and all "private" medical schools. (We shall quote from J. G. G.'s article copiously in order not to do him injustice). The University of Iowa is sadly officered, for a truth, if any one of its paid staff can descend to the littleness of attacking a "private" school with the weapons of political journalism, vicious in intent, despicable in style, and wretched in grammar and spelling. What boots it if the *Clinical Reporter* is edited and published by a lawyer, if that lawyer knows enough to conduct his journal with propriety and fairness, which, barring the insertion of an ad. as original matter, he has thus far done? What has that to do with the merits of the question which he asks and answers: "Where Shall I Study Medicine?" No candid reader will find in the article any ground for the unprovoked assault made by J. G. G. We will not attempt to defend St. Louis, if any defense it needs; there are abler pens at work for that end. But to the self-righteous position of Prof. G. and HIS University we shall direct some further remarks.

"It is true that the clinics are larger and perhaps more varied in large schools in big cities, but what advantage is that to the student, when most of him is at the top of a amphitheater, where he cannot see, or barely hear, and he never hears of a case again.

WILL the "private" schools of New York, Philadelphia, Cleveland Cincinnati, Chicago, San Francisco, AND St. Louis stand up and say how many of them teach in this wise? Will they also say still standing up, how many tiers in an amphitheater will be occupied by

St. Louis in 1886, 17 students; Iowa 11 students.
" " 1887, 14 " " 14 "
" " 1888, 18 " " 13 "

And how Iowa can make the fling of small classes against St. Louis?

"Ann Arbor and Iowa City have as large and varied clinics as any private school in the country."

"Jay Gould and me is the two richest men in New York." Then it is not "true that the clinics are larger and perhaps more varied in large schools in the big cities," as stated but a few lines above? J. G. G. may speak for the Iowa University, but he cannot speak for Ann Arbor. We know that less than two years ago a very determined and almost successful effort was made to remove the Ann Arbor hospitals and clinics to Detroit. Why? Because of better clinical and hospital facilities. If this was a good reason for attempting the removal of the "larger and more varied clinics" of Ann Arbor to Detroit, why should not St. Louis be still better than Iowa City? Iowa City, a placid little hamlet on the banks of a placid little stream, with one placid little railroad passing through with a placid little population—except J. G. G.—in the very nature of things, cannot contribute that peculiar and necessary clinical material for the use of its students, even if they do not line the sky-seats in the amphitheater, that is brought to the knowledge of the large-city students.

"There are some of these University departments that have clinics that St. Louis would give its ears to get."

Name, please! "Ann Arbor and Iowa City!" But Ann Arbor has *not* got it, as already stated, and as for Iowa City—"WE, the People of England," petitioned the three tailors of Threadneedle Street.

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"The facts are, the University schools are so superior to the best private schools in variety and kind of instruction that there can be no comparison."

THERE can't, eh? Will Prof. G. say in what respect the New York Homœopathic Medical College and Hospital—a private school—is inferior to Ann Arbor or Iowa City? Will he say why Iowa is superior to Hahnemann of Philadelphia, and Pulte of Cincinnati? Will he say that these three colleges—private schools—do not teach "Chemistry, Biology, Histology, or Experimental Physiology," nay, even Surgery, as it has never been taught in Iowa City? Will he say that the student graduated from the Iowa University can compete in thoroughness of homœopathic instruction with those graduated by either of these three? Remember, please, that it is not always the prize scholar of the University who gathers the persimmons of life. American history decidedly negatives that assumption. The practical, successful advanced thinkers,—statesmen, lawyers, doctors, and minis-

ters—are not all University men; few of them are LL.D.'s or A.M.'s, and fewer yet of them are learned in biology and the other University theories and speculations; but when, as in medicine, and, as in the case under discussion, in Homœopathy, the question turns upon the ability to make a thoroughly homœopathic prescription, and curing the greatest number of patients, the non-University homœopath stands an exactly equal if not a better chance of success.

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"In short, each chair must be filled by a *specialist*, in the best sense of that absurd word, and paid as his merit deserves. Does any private school, in big or little towns, do this? Certainly not! Will they ever *be* able to do so? Again, certainly not."

NOW let *us* see. Can the University of Iowa, or the University of Michigan, give us a finer *specialist* in Materia Medica and Therapeutics than Timothy Field Allen of a "private" school in New York? Can it produce the equal of Dillow in his specialty, also of a private school of New York? Can either of these otherwise excellent and classical Universities give the name of a Professor of Gynæcology and Obstetrics on their staffs more proficient and popular and better known than Ludlam and Leavitt of Chicago, or Comstock of St. Louis—the first two of a "private" school; the other now "at large," but formerly of a "private" school? Can they, even in J. G. G.'s own especial specialty of surgery, produce a greater or more thorough surgeon than William Tod Helmuth of a "private" school located somewhere in New York City; or any one more painstaking and admired for his thorough instruction than Thomas of Philadelphia, Schneider of Cleveland, Walton of Cincinnati, or Parsons of St. Louis,—each and all connected with "private" schools? Can Iowa City duplicate Talcott, Buck or Kershaw in Mental and Nervous Diseases? In Ophthalmology and Otology whom have they better than Norton, Vilas, Sterling, McDermott, or Campbell? Not any of them University teachers. Will the "private" schools of New York, Philadelphia, Cleveland, Cincinnati, Chicago, San Francisco, and St. Louis ever have specialists "in the best sense of that absurd word"? "Again, certainly not." Why? Oh, because your true specialist is in a University chair and "paid as his merits deserve." How much? Well, probably as much as $2000 or $2500 per year, and immunity from attachment for debt.

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LET us view the picture from a different visual angle. Is every chair in the Universities filled by a specialist? Quite recently a chair was made vacant; a chair, by-the-bye, which embodies all there is to Homœopathy as Hahnemann taught it. It had been originally filled—that is, at its creation in this understood University—by a homœopath, a master of the special subject, a friend of the sweet Melancthon of Homœopathy, Carroll Dunham, and recommended by him; but in the mutations of mundane things this specialist was replaced ultimately by an educated German translator and editor, a general practitioner of no especial celebrity in the field entered upon; and in still further mutations of other mundane things the chair again becomes vacant. Now the Regents, or Trustees, or Board, had an opportunity to "boom" their University by offering the professorship of Homœopathic Materia

Medica—the corner-stone of Homœopathy—to some eminent homœopathic exponent, scholar, writer, teacher, and successful practitioner. With the example before them of foreign Universities founded on and supported by the skill and fame of some one or two of its professors, the Regents, Trustees, or Board, imbued with the very laudable ambition of making Homœopathy a success in their University, at once entered into negotiations with a number of prominent Materia Medica specialists in this country. This may be a violent supposition, but, if J. G. G. is correct, this was done. Did they secure Allen of New York, Kent of Philadelphia, Hawkes of Chicago, Allen of Ann Arbor, Reed of St. Louis, Holcombe of New Orleans, Lilienthal of San Francisco, Dake of Nashville, Orme of Atlanta, Mohr of Philadelphia, Bailey of Lincoln, Monroe of Louisville, or any one of a dozen other famous Materia Medica men, any one of whom, installed in this professorship, would have graced the position most royally, and his name and fame have been a hostage given the profession of Homœopathy at large, that a "boy" or student sent to that particular University would not only be taught "Biology, Chemistry, Histology, or Experimental Physiology," but his feet would be put into the homœopathic path and his understanding trained so that crude drugs, hypodermic syringes, and other adjuncts of the later interpretation of Homœopathy would not be a daily expedient. What was done?

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AN incumbent was secured, unobtrusive, unobjectionable as a gentleman, as a ripe scholar, and as a skilled physician, but one practically unknown in homœopathic circles; a convert from the old school; without membership either in the American Institute of Homœopathy, or the I. H. A.; an author whose most recent pamphlet begins:

"I see nothing to accept or offer as positive, practical proof that similars cure."

and closes with:

"I am disposed to try to cure with similars excepting where non-curative treatment promises more of usefulness than does an attempt to cure—"

a pamphlet, by the way, which fell flat on the homœopathic world, because of its classical agnosticism, and its Esmarch-like—bloodless—dissection of Homœopathy;—upon this lukewarm Mathias is descended the lot of being a disciple of Hahnemann; to him is given in charge to keep aglow the sacred fire on the altar of Homœopathy; this "*specialist*" is made Professor of Homœopathic Materia Medica and Therapeutics in this University! Further mutations ensue; a new chair is created, and is promptly filled by—a specialist? And the vacated chair is also filled by—a specialist? Perhaps. But if such was the case then it was the specialism which the successful editorial conduct of a medical journal confers—a journal, too, by-the-bye, which under the specious pretense of leading in matters homœopathic, and of being painfully anxious to comply with the requirements of the Institute,—of which the Editor had not theretofore been a member,—publishers in conspicuous parts of its post-Institute issue the following:

"The [journal in question] supports the organization of homœopathy as a distinctive body in the medical profession."

but designedly omits the vital, the HOMŒOPATHIC clause of the Dillow

resolution, which preceded and upon which is founded the quoted clause, to wit :

"Only such [journals] shall be included as recognize the principle of *similia* as the dominant principle in the selection of drugs for the cure of the sick, and which also support the organization of," etc.

adding, apologetically, for the emasculation, that "there should be some latitude allowed in the matter of belief." Yet this successful editor and homœopathic-with-latitude *specialist* is selected to fill the chair vacated by a true, non-hedging homœopath !

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"The State will monopolize medical education and shut the doors of all so-called 'schools' that are owned by the Faculty."

BUT not during your existence will this millennium appear, Prof. G. Other ways and means must enter into University medical teaching than those obtaining to-day. When the universities contain the BEST there is to be had in the way of teachers, as in Europe, then the people may agree to close the doors of such institutions—"private" schools—as are located in New York City, Philadelphia, Cincinnati, Chicago, Cleveland, San Francisco, and St. Louis. What is there to-day to be had at Iowa City or Ann Arbor in the way of homœopathic instruction that cannot be had as well and better in New York or Philadelphia? Why should the preceptor send his student to Iowa City or Ann Arbor, when he is personally acquainted with the professors of some "private" school ; he knows them or of them as successful practitioners ; as frequent contributors to the journals ; the authors, perchance, of homœopathic books ; members of the American Institute of Homœopathy or the I. H. A. ; who engage in College work from *love of it* and natural aptitude ; who are not moved to do it for a "microscopic share in the net profits," nor yet even for the stupendous "pile" of twenty-five hundred a year, including freedom of the city, but with neither washing, lights, stove-wood, nor matinées thrown in. A classical homœopath is about as useful as a scientific homœopath. What the preceptor wants his student or "boy" to be is a homœopathic homœopath. He does not object to "Biology, Histology, Chemistry, or Experimental Physiology," but he does insist on practical Homœopathy, taught by practical homœopaths, with addenda, side annotations, interlineations, and foot-notes from every-day practice. And these he can get as well, if not better, in a "private" school in which EVERY chair is filled by a practising homœopath. The Universities of Iowa and Michigan are excellent, praise-deserving institutions, and we prize most highly the friendship of Profs. Cowperthwaite, Wood, Obetz, and McLachlan, and except in so far as J. G. G.'s intemperate onslaught on "private schools" has brought them within the purview of this editorial, no unpleasant reflection on them is designed. The Universities are of recent creation ; are yet in their infancy as to Homœopathy, and little by little, as politics and allopathic influence are eliminated from their make-ups, and the more prominent members of the profession are invited to the chairs, they will stand forth, as in Europe, the archetypes of learning. But at the present writing all the homœopathic wisdom is not to be found in the groves of the Academy as with the ancients. And a diploma from Ann Arbor or Iowa City carries with it no more weight as to Homœopathy at the bedside in the exhibition and proper

administration of remedies, than a similar parchment from New York, Philadelphia, Chicago, Cincinnati, Cleveland, St. Louis, or San Francisco.

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SO much for G. G. J., or J. G. G., or Prof. G. (for the disguise is very thinly assumed). As to the editorial which puts the correspondent on the shoulder, and still further adds to the gravity of the charge herein made,—that the attack of J. G. G. was unwarranted and unprofessorial,—we venture the assertion that the same pen wrote both letter and editorial. The same peculiar vindictiveness threads the two articles. We do not believe that the editor, a man noted for his absolute fairmindedness, would dip his pen in such smallness, and attempt to score a near professional rival, knowing, as he doubtelss must, that he would be attacked by every non-University journal throughout the land, and his motive in writing such editorial impugned and disparaged. In this belief we are strengthened by an editorial which follows on the same page :

"*The Northwestern Journal of Homœopathy* is not the organ of any college, and is ready at any time to say a good word for any of our Universities or Private schools. Though its editor is connected with the University of Iowa, and naturally has a deep interest in the welfare of his own college, he, nevertheless, strives to be broad enough not to allow jealousy or any narrow-minded feelings on college matters to interfere with his duties as editor, even if they are permitted to exist at all. Jealousy is entirely unworthy of college faculties or individual professors. Let each rejoice in the prosperity of the other, and the prosperity of all is assured."

That is more after the fashion of our esteemed contemporary. If he will now read over again J. G. G.'s letter and editorial (which slipped into print, during the editor's temporary absence), he will be astonished to find, we know he will, that there is not *one* good word said for a "private" school. He will find, further, that it is reeking with jealousy and narrow-mindedness, and that it shows nowhere the first iota of a rejoicing in the prosperity of St. Louis or any other "private" school. And, finally, that it would be wise not to permit J. G. G. to assume "majesterial" function again and trail the beauseant of the *Northwestern* in the dirt.

OPEN COURT.

—As a Repertory to After-Pains, Dr. John V. Allen, of Philadelphia, gives eighty-four symptoms with remedies, and of these arnica has but one symptom : *i. e.*, "Nursing excites After-Pains." We have been taught and always supposed it to be a fact that arnica was a leading remedy for after-pains.

—Thanks, Brer. "Similia," for kindly inclusion of ourselves among the high-toned, etc. Now, extend your practical suggestions to the elimination from your title-page of that roster of "Collaborators." You know it is only carried there to create the impression of great profundity in the make-up of your *Journal*, but that like the man who dyes his beard it deceives no one but the dyer. And, finally my brother,

don't say "lengthy" when you mean "long," or longer or shorter than long. Yes, the dictionaries give it, and so they do many other words, that the better usage of the day has relegated to the philological lumber room. Thanks, we don't smoke. In conclusion: Discharge your proof-reader.

—Let's see. How many of the homœopathic journals have obeyed the Dillon resolution, to profess allegiance to the homœopathic school of medication, and the support of homœopathy *per se?* The way was opened by the *Medical Era* with an emasculated rendition, followed by the *Southern Journal* (we believe), with a full avowal. How many more were there?

—Aconite is a homœopath's lance, phosphorus his liver stirrer; podophyllum his mercury; lachesis his gargle in quinsy; sepia his uterine supporter; belladonna his dilator for "oral" (*à la Pratt*); hydrastis his purgative; cantharis his diuretic; rhus-tox. his pneumatic bandage.—W. W. French, M.D., in *Lo. Jour. Homœopathy.*

—You have all in your practice met the old woman who approaches a "laying-out" or a "lying-in" with the same morbid delight, and who in the latter class of cases beguiles the tedious hours of parturition with circumstantial accounts of all the cases of difficult and disastrous labor which have occurred within her wide experience and observation, duly embellished by her vivid imagination. Possessed of unbounded confidence in her own skill and knowledge in all matters tocological, the suggestions of the medical attendant she superciliously ignores, and his most explicit directions she willfully disobeys. Both advice and medicine, unless closely watched, she does not hesitate to administer, and it is impossible to tell which is the more baneful of the two. In short, she is the lineal descendant of the ancient witches, and chiefly renowed, like her more celebrated ancestors, for her pernicious activity in raising the Devil.—C. W. Butler, M.D.

—If I had a similar case [intussusception] to-day, I should:

First. Make the diagnosis at once.

Second. Not try any insufflation or external manipulations, unless I was sure the intussusception was only of twenty-four to thirty-six hours standing (the firm adhesions in this case indicated that it dated, at least, four to five days back), but make abdominal section at once.

Third. Open the abdomen at the upper end of the affected part of the intestines, *i. e.*, the part distant from the anus.

Fourth. I should be inclined to give some opiate to secure relief from pain and rest to the body and intestines, and should not be apt to put so great restrictions as to the diet or position.—Dr. Sandberg.

—Dr. C. W. Butler, of Montclair, N. J., reports a Case of Transverse Presentation to the I. H. A. Bureau of Obstetrics, of great interest because of the action of pulsatilla in restoring the normal presentation. He says: "An examination revealed a transverse position (right iliac, dorso-abdominal), the side presenting at the mouth of the womb, with a point about corresponding with the angle of the scapula, over the center of the orifice. The os being now widely dilated, podalic version was determined upon, but, upon attempting to introduce the hand, so irritable was the os and so violent its contractions, that after repeated attempts I desisted, deeming such manipulation even dangerous without anæsthesia. Accordingly, I determined to go at once to my office for the anæsthetic. Although this necessitated an absence of more than an hour, I did not apprehend serious results from the delay because of the excellent general condition of the patient. At a quarter to eight A.M. I dropped a dose of pulsat.^{mm} (Tafel) upon her tongue and departed.

"At nine o'clock on my return I found the head and shoulders of the child already born, the nates and legs being still within the vagina."

This is the case. But Dr. Butler, in order to give the scoffers something to think about, lucidly reasons upon the phenomenon, brings to his aid known laws of anatomy and physiology, and challenges the medical unbelievers to a contradiction of his position, medically and anatomically. The case is reported in the July number of the *Homœopathic Physician*, and is deserving the study of the *scientific* homœopath, as well as Hahnemannian.

—Every obstetrician must have observed that there is a great difference in the condition of the blood in different patients. It will stick to the fingers and the walls of the uterus like pitch. Woe to the attendant who thinks to overcome the trouble by injections into the cavity. Here is only one thing, mechanical removal, massage, and moist heat. If these three factors were called into action properly, we would not have one-third of all the fibro-myomas and intra-uterine, so-called placental polypi.—Rosa H. Engert, M.D.

—Dr. F. H. Lutze, Cheshire, N. Y., says: "While making a trip to Europe in 1882 I cured the following cases of sea-sickness":

I.—A little girl aged twelve, nux. v. 30: nausea and vomiting early in morning of bile, sour mucus, slime, and the characteristic constipation of nux v.

II.—The father of above little girl, vomiting all day, worse mornings; accumulation of water in the mouth before vomiting and with the nausea; had always vomited on riding in car or carriage, especially if he rode backward. Petr. 30 cured.

III.—A lady, aged thirty-five, nausea and vomiting after eating, and

from smell of food, with heat rising from stomach to throat (I thought she suffered from uterine derangements by her appearance); also sinking and gnawing in pit of stomach. Sep. 30 cured.

IV.—Another lady about same age as above, I cured with three one-grain doses of borax 30 in one day, after having been sick ever since leaving the harbor of Bremen (about six days). Her symptoms were: "Every time the ship goes downward, my stomach and everything inside of me comes up; vomit almost constantly."

— Dyspepsia produced by the abuse of bark is not rare. Its symptoms are: heaviness, slow digestion with eructations and rumination; the sensation of fullness disappears sometimes while eating, and is often relieved by a little food; in other cases the appetite remains good in spite of the dyspepsia; gastric flatulence; diarrhœa, especially right after a meal; somnolence, lassitude of limbs; disinclination to move about, downheartedness, hypochondriasis. It suits gouty patients. China sixth dilution acts well, though sometimes one has to go lower.—*Medical Counselor.*

China 8m has done us excellent service under similar symptoms: our guiding symptom was, "I am so full, Doctor, if I could only gulp up the wind, I know I could be better."

ENLARGEMENT OF THE LIVER.*

By Jno. C. Morgan, M.D., Philadelphia.

SOME time ago, whilst reading the disease-history of an esteemed colleague, and his own discovery, while abroad, of the fact that "his liver was enlarged," and noting that other fact, that antecedent to this he had suffered from a chronic suppuration; so striking was this sequence, that I could not but marvel when I thought how little physicians generally lay such things to heart. Hence this paper, which I trust may help to remind them of their import.

The clinical forms of hepatic enlargement are neither few nor simple, but many and complex, with the widest differences in their pathological nature and tendencies.

One *common* feature, however, is the proneness of all forms to involve the general abdominal circulation, and even that of other organs, as the head and the lower extremities, either through reflex sympathy, as in vertigo, or by direct mechanical obstruction, as in hæmorrhoids and dropsy; but these effects are far from being uniform in degree with all. That which is most grave and important relates to the *portal vein*, and to its sources in the abdominal viscera. Its secondary sub-division

* Read before the Homœopathic Medical Society of the State of Pennsylvania, Sept. 18, 1889.

in the substance of the liver implicates all these organs in whatever happens to this one. In particular, excepting in cases of the so-called "nutmeg liver," the spleen almost always takes on secondarily an engorged condition, in which the stomach and its functions, as well as its own blood and lymph-making offices, are involved ; tending to both anæmia and cachexia, and proving an occasion of confusion between the separate forms of liver diseases which may alike lead to these results.

Enlargements may be generalized by saying that all of them are the result of morbid *activities*, and that they are the antecedent to a contractive, or atrophic, degeneration, with gradual abolition of activity ; but in some forms the patient commonly dies before this point is fairly reached ; in other forms, not until it is fully declared ; for instance, the amyloid change.

With this introduction, we may mention the most important individual enlargements ; and, firstly :

Active Congestion, or Acute Hyperæmia.—This is the usual attendant upon atmospheric shocks, either of heat or cold ; and of malaria. The function of the organ is excited, its vaso-motor relations are irritable, its area of percussion dullness is increased, the nervous system and the digestion are involved. The tongue gradually becomes coated ; the spleen soon enlarges, and its percussion dullness extends to or beyond the tip of the eleventh rib ; the patient is, when not in a febrile flush, sallow and anæmic, and is said to be "bilious." The enlargement is not very conspicuous, and must be sought for by percussion, which will also exhibit some tenderness of the organ. The mucous lining of the biliary ducts may become catarrhal, and the conjunctiva yellowish ; but this is a separate class of cases, and of them more anon.

Just here we must drive a nail to bind this pathological state, hepatic, with splenic congestion, upon the doctrine of Intermittent Fever, and of its insidious and peculiar obstinacy. It may be freely asserted that in ninety per cent. at least of the cases, this obstinacy depends upon *some* unappreciated lesion or groups of lesions ; and upon this particular group more constantly than upon any other, particularly in those baffling confirmed cases (comparable only with hysteria in their multiform but irrelevant symptoms, and their disappointing therapeutics), which every homœopath in a malarial country so well and sorrowfully knows. The secret of easy cure of these is to recognize objectively, by percussion, etc., the enlargement and inflammatory tendency of the liver and spleen, and the *relation* of the multiplicity of symptoms to the portal circulation. This pathological conception furnishes to us a strong lever of that *bête noir* of many a tyro and would-be homœopathic physician. When the liver and spleen become normal, and *the tongue clean*, there will be found in the patient very little to remind us of inter-

mittent fever, or to vex us by periodic exacerbation ; usually, only a neurosis, as at the first, and amenable to *gelsemium* as then, or to *ignatia* in *very sparing* dosage, or to some other drug chosen by pure symptomatology, which before brought us only defeat, it may be. Still, in such cases, be it remembered that it is not so much symptomatology itself that has failed us, as it is our stupid misconceptions of it ; and often, our senseless over-dosing, at that early period when lesions are slight, and hence do not well bear it. And, lastly, the neurosis which may remain, as just stated, must be scientifically handled or we may still fail. Trusting that this digression may be pardoned for the good which may be in it, we pass to another clinical form of enlargement of the liver, acute, like the preceding, in many cases, and allied to it ; yet, in not a few, chronic also, viz., the enlargement of *catarrhal hepatitis ; enlargement with jaundice.* It may originate in aggravation of this acute congestion or hyperæmia, whereby the percussion dullness is much extended ; or it may begin with catarrhal dyspepsia or gastro-duodenitis ; in which case, the inflammatory process simply extends itself to a very limited area, by the continuity of the duodenal mucous membrane, into the common bile duct, and beyond, whereby its calibre is narrowed, through the attendant mucous swelling ; and the bile, coming upon this obstruction, and being denied an exit (whence occur clay-colored stools), and being forced back upon the gall-bladder, with painful distension, and also into the liver itself, this retained bile infiltrates the whole organ and swells it up insomuch that the hepatic veins absorb very much of it, carry it into the general circulation, and it is then secondarily deposited in all the bodily organs and tissues ; being seen very markedly in the whites of the eyes, if nowhere else, but commonly also in the skin, and likewise coloring the urine—constituting jaundice. (Obstructive jaundice is also apparent when a tumor presses upon the outside of the duct.) This biliary reflux, *per se*, enlarges the liver, but there is nearly always an inflammatory hyperæmia present besides, with tenderness on percussion.

In the chronic cases all sorts of causes may be operative ; chronic duodenitis, cancer of the stomach, or of the pancreas ; also, biliary calculi, repeated attacks of malarial diseases, drug-poisoning by mercury and quinine, and alcoholism.

Let us consider for a moment a form of acute hepatitis which is *not separate from* the other two, but is rather an attendant on both, and particularly on "active congestion." It is called, in conformity with the German fashion, "parenchymatous hepatitis." By this it is meant that the functional cells of the acini of the liver undergo inflammatory enlargement, and thereupon divide and multiply (or proliferate). This state of things directly increases the size of the whole organ. There are, thus, four frequently co-operating causes in these forms of enlarge-

ment of the liver itself,—viz. : "hyperæmia," or active congestion tumefaction of the mucous lining of the biliary ducts (with obstruction), engorgement of the whole system of ducts by the imprisoned bile, and of the liver tissues as well ; and, lastly, a true hepatic hypertrophy, due to excessive proliferation of the proper secreting liver cells. This last may assume independently a chronic form, sometimes doubling the size of the organ, and known as "true simple hypertrophy." The corresponding drugs are nux vom., china, merc. v., natrum m., puls., bry., chelid. These are also to be considered particularly in the obstinate forms of intermittent fever. The first show a *positive* mentality. With this, and poor sleep toward morning in both, nux vomica has constipation, or dysentery and tenesmus ; but china has looseness of the bowels, sometimes painless, sometimes with severe abdominal pain ; "bilious diarrhœa" ; undigested, clay-colored stools ; flatus before stools. The other drugs have less positive, even negative, polar mentality. Mercurius has sallowness, clay-colored stool ; vertigo, loss of appetite.

Natrum mur. has anæmia, sallowness, weakness, headache, thirst.

Pulsatilla, low spirits, pasty dryness of the mouth and tongue; no thirst, or thirst for small quantities ; a single swallow but often ; sour stomach after rich food.

Bryonia, headache, biliousness, dizziness on rising from bed or seat ; thirst—takes a large drink, but often. Symptoms worse from the motion, and from hot weather. Sour or bitter taste in the mouth.

Chelidonium, pain extending from the region of the gall bladder to the right shoulder-blade ; sallowness ; tendency to pulmonary complications ; or, sometimes, to hæmorrhoidal complaints.

All these forms may be severe or trivial—and the symptoms will vary accordingly—from mere biliousness, so-called, with very little enlargement, as shown by percussion, to a decided and lively inflammation, with considerable swelling.

In all cases the patient should, for examination, be on the back, with shoulders low, that gravitation may not displace the organ ; and at the same time the exploration must extend both upward and downward—as the normal area of hepatic dullness extends between the fifth rib and the lower costal border—and in to the open triangle of the epigastrium. With thoracic effusions downward displacement is common, and must be carefully eliminated.

In all forms, likewise, the spleen should be simultaneously traced by percussion, being commonly distinctly enlarged. Its normal limits must be ever in mind, viz., upward to the ninth rib ; downward to the eleventh ; forward to within one finger's breadth of its tip.

This usual swelling, or "splenic tumor," is due to the retardation of the blood in the portal vein, through which it returns its blood to the heart; thus showing that its flow through the liver itself is also, and primarily, allowed.

Passive Congestion as a cause of Enlargement.—All maladies which interfere with the flow of the blood through the organs of the thorax are occasions of this enlargement, through the mechanical conditions ensuing. Thus, malarial paroxysms, particularly of the "pernicious" type, may exhibit this. So, also, heart diseases, as regurgitant mitral valvular affections, the obstructive aortic, deficiencies of the right heart, etc., etc. Pulmonary engorgement, resisting the emptying of the right ventricle, may do the same, viz., cause reflux of the venous blood, and thus a passive congestion and enlargement of the liver. Sometimes, in this connection, there is found a pulsation of this organ ; the same being also found in the jugular veins, and for like reasons. Dropsy usually coexists, and often hurries a fatal termination. Besides this, paralysis of the heart is the particular thing to be feared ; and "asystolism," so called, is one of the ways in which life ends in such maladies—sometimes along with the formation of *ante-mortem* heart clot.

"Pernicious fevers," "congestive chills," etc., owe this fatality very much to such conditions. The remedies are, mainly, camphora, capsic., cuprum, arsenic, and veratrum alb. Aconite and veratrum viride are also very important. Lachesis has also proved itself curative.

The state of the liver must be narrowly watched, as a prognostic. In *post-mortems* great enlargement and dark venous engorgement appear, and often a great excess of bile appears on incising it.

The leading thought in treatment is to prevent the recurrence of the paroxysm. In the Southern States, however, the worst cases show no apyrexia, but go steadily on in increasing congestion, coldness, and paralysis of the heart, for about three or four days, or even less, and then death ; with never a sign of reaction of any kind. In others, great febrile heat occurs, but the congestion is progressive, and the fatal issue impends all the same. Veratrum viride is the leading drug here.

Passive congestion, heart-failure, or asystolism, may be combated by the same remedies. The hepatic and splenic enlargements exhibit the gravity of the situation, in all the cases ; but may not persist greatly after death.

Surgical shock, and some cases of poisoning, may simulate these conditions, and demand like remedies.

Passive œdema is a rare but interesting form of hepatic enlargement. It seems unconnected with usual obstructive or inflammatory causes, and is identified with a pronounced "hydrogenoid constitution." The remedy is natrum sulphuricum.

When passive congestion of the liver becomes chronic, the enlargement gradually diminishes, and this goes on to manifest *atrophy*, with much reduced area of percussion dullness. *Post-mortem*, the appear-

ances are those of the *so-called nutmeg liver*. This results from the constant pressure of the engorged blood-vessels upon the other and adjacent tissues, particularly upon the secreting cells of the organ, which thereupon suffer fatty degeneration, and, finally, absorptive destruction, their former site being occupied by the now widened capillaries, and separate acini looking like mere venous canals, with some of the altered cells lying between. The color of the nutmeg liver is grayish, with the mottled lines of the veins running through it, whence its name.

In this atrophic condition the spleen is not much enlarged.

Nutmeg liver is sometimes inaccurately called cirrhosis; true cirrhosis being purely due to interstitial inflammation, as we shall see. Nevertheless, this interstitial inflammation, in a decidedly minor sense, however, does coexist with the other changes in nutmeg liver, and accounts for some part of its secondary reduction in size.

Still another variety of nutmeg liver occurs, resulting from chronic biliary obstruction. Here the cells, etc., are compressed and atrophied, not by veins, but by the smallest bile ducts; but their destruction is just as complete as before, and the *post-mortem* appearances are very similar; only the mottled lines are yellow, and not venous in hue.

Interstitial Hepatitis; Cirrhotic Enlargement.—High-living gentlemen, fond of meats, and strongly seasoned, and of wines and liquors, hence of gouty diathesis, or, as we say nowadays, of a lithæmic, or in Grauvogl's classification, carbo-nitrogenoid constitution; such are ever predisposed to this form of liver disease. If, now, such a person reside in India, or is otherwise exposed to great heat, and if, besides, he fall sick with remittent fever of severe type, one may count with some certainty upon his getting a well-defined and possibly grave interstitial, or, in other words, connective-tissue hepatitis. If circumscribed and extremely intense, hepatic abscess results, with enlargement, pain, tenderness, fever; and within the tropics this state of things is often rounded out with a malignant dysentery. Such are the patients who, if they survive, are invalided from India to England, etc., with hopeless "chronic liver complaint"; mercury and quinine toxication being the special legacy added by "regulation science."

Other cases of interstitial hepatitis have the inflammation diffused throughout the whole organ—do not suppurate, but cause great enlargement, some tenderness, disturbed digestion, enlarged spleen, with impaired blood-making activity, sallow complexion without real and abnormal stools, constipation, or loose, clay-colored, or tarry, or even hæmorrhagic. The high-living lithæmic of our own latitude may here read his possible future prospect.

In due time, as in all interstitial inflammations, contraction of the superabounding connective tissue thus formed ensues, with compression of the secreting cells, and atrophic diminution of the size of the whole organ.

The kidneys are liable to have participated in these changes ("interstitial nephritis," "red contracting kidney," "gouty kidney," "cirrhotic kidney"), and whilst albuminuria is not early seen, the late stages of the malady may supply it. And not only the kidney, but the arterial coats may present the characteristic fibrous degeneration and induration; best seen in the temporal and radial vessels. The brain and cord probably suffer obscurely.

The spleen becomes much enlarged; the bowels more disordered; cachexia is marked; and, lastly, ascites, and dropsy of the lower limbs. By this time the large, hardened liver has contracted in volume, causing engorgement of the whole portal venous system, which can no longer transmit its blood freely by way of the liver to the heart, and even the veins of the abdominal parietes becomes engorged, large, and tortuous, in the attempt to supply a partial relief by anastomosis. Death is now certain. A curious pathological fact then revealed is that the heart is often very small; just the opposite of its state in the venous form of nutmeg liver, also sometimes called cirrhosis.

All this it will be remembered is only the sequel of a primarily enlarged liver, from interstitial or connective tissue inflammation, which always, like the similar process of wound healing by second intention, results in new and denser connective tissue than the normal original, and which always tends to a later contraction of a cicatricial sort. This is of course destructive and atrophic in its effect upon the true functional liver-cells, as well as upon the portal circulation of the abdomen, and thus upon life itself.

The principal remedies are china, nux v., con., sep., lyc, sulph.

Fatty Liver.—In referring to the several forms of atrophy, we have noticed that fatty degeneration of the liver cells is its incipient condition, resulting from external and internal pressure. Now it is a curious but obvious fact that if the majority of the liver cells be loaded, or as we say infiltrated, with fatty matter, then the intervening minority will suffer atrophic compression by their overcharged neighbors; and, again, if any single cell be surcharged with fat, then its own protoplasm and nucleus, and thus the cell itself, may likewise perish.

And herein we understand what happens, to a certain extent, in this common form of enlarged liver. Rarely, however, do we find the whole organ reduced in size, however chronic the case may be. I doubt if any one has seen such a case. Enlargement is the conspicuous fact—indeed, it is often very great.

It is to be expected in any case where the supply of hydrocarbons to the system is greater than the oxidizing function can dispose of, on the one hand; and on the other hand, whenever, as in phthisis, etc., the febrile process is so severe and continuous that the muscles and other albuminous tissues of the general body themselves undergo a primary

degeneration of a fatty sort, with absorption of the oil product into the blood.

In both of these ways fatty matters are conveyed to the liver, and are duly deposited on the inside of its functional cells,—intracellular infiltration.

In illustration of the former, the supply of hydrocarbons in excess of oxidation, may be mentioned the feeding of geese with this avowed object in view. The creature is at the same time kept secluded, warm, and inactive. The liver cells rapidly undergo fatty infiltration, and when killed their livers exhibit the characteristic dirty or yellowish-white color, large size, flabby texture, and greasy substance, so characteristic of this change; and they are then sold to epicures at a high price, being a favorite dish in the form of the *paté de foie gras.*

After such feeding, with such results, the goose may be kept alive, deprived of its abundant food, and allowed to forage for itself as best it can. If it is then killed, the liver will be found in a condition entirely normal; hence, a transient fatty infiltration is quite consistent with a physiological existence. Only when long persistent does it become strictly pathological; that is, when caused in this way. When, however, the deposit is secondary to grave disease, such as phthisis in man, it is altogether morbid.

In the human subject, chronic alcoholism is a very frequent source of hydrocarbon excess; it is therefore an equally common cause of fatty infiltration of the liver cells; and in this case, too, the whole status is pathological. All parts of the body are affected simultaneously; the heart, the kidneys, and other viscera, the muscles, etc., participate in the degeneration; being usually easily torn by the fingers. Death, indeed, is likely to occur through heart-failure, in consequence of this physical change in its structure; the proper muscular substance having been supplanted by fatty matter.

Why should chronic alcoholism be so peculiarly effective in producing fatty liver? I am led by observation to believe that much depends upon the collateral fact, that the chronic drunkard is habitually without normal appetitite; has, indeed, aversion to any true food; hence he practically receives the hydrocarbon in the way of almost exclusive nourishment. The result is that the whole body undergoes fatty degeneration, as in phthisis, and the liver cells accept the fatty matter as an infiltration.

The diagnosis of this form is made by the history of the case, along with extensive percussion dullness, and the thinness and flabbiness of the anterior border of the liver. Quite probably, too, the kidneys participating, albuminuria will be found co-existent. This last is doubtless, sometimes at least, the partial consequence of vagrancy, exposure, and chronic catarrhal nephritis.

Treatment is nearly helpless in such subjects. Arsenicum is always to be first thought of. In one case, with severe venous hæmatemesis. where nux v., and hamamelis had failed, the cure of this symptom was prompt and complete under sulphuric acid, high.

Amyloid Degeneration of the Liver.—This is to the unwary practitioner undoubtedly a frequent, or at least occasional, stumbling-block. Hepatic enlargement, discovered in the course of some exhausting disease, such as caries, suppurations, constitutional syphilis, phthisis, with œdema of the feet and ankles, dysenteric diarrhœa, waxy complexion, etc., rarely conveys to the mind of the ordinary practical doctor a suggestion to explore the spleen, or to test the urine, or otherwise to make any definite diagnosis. The scientific physician only knows that the symptoms and antecedents probably mean amyloid change, and a most mortal prognosis, in every case where the antecedent causes cannot be controlled. Only suppurations, which can be removed completely by surgical operations and procedures, offer any hope of recovery ; and these form the happy exception.

The percussion dullness of the hepatic region is widely extended, the anterior edge of the liver is thick and hard, in contrast to the thin, flabby edge of the fatty liver, and may reach far down below the ribs. The spleen, which suffers a like transformation, is also voluminous, and the kidneys also, as verified after death. The urine becomes highly albuminous with hyaline tube-casts, and moderate dropsical symptoms appear.

Partial recovery often takes place under favorable conditions ; the patient may get strong, etc., but as soon as the conditions fall relapse ensues, and at last the struggle ends, perhaps after a series of such rallies.

After death the affected tissues, including the whole of the small arterial system, are found infiltrated with a material described by Dickinson as de-alkalized fibrin. Indeed, he shows that blood fibrin, from which all alkali has been removed, exhibits precisely the same reactions, as well as microscopical characters. This material first appears as whitish, waxy-looking lines, corresponding with the course of the small arteries,—waxy degeneration. As it increases, the tissue-cells suffer the same deposit, gradually obscuring and supplanting nuclei and protoplasm ; and still increasing, the whole organ is rapidly augmented in size, becoming thick and firm ; and when incised looks very much like fat bacon, whence we have the term "lardaceous degeneration" often applied to it. Agreeing with the idea of a fibrinous origin, it is also sometimes called "albuminoid infiltration." The name originally but erroneously given to it by Virchow, "amyloid degeneration," has since become of purely technical significance, and is convenient and generally accepted.

Virchow, full, doubtless, of the ideas of the time, that animal starch and dextrine, or glycogen, are products of the liver, supposed this morbid infiltration to be starch-like, *i.e.*, amyloid, and treatment of it by the iodine test became a matter of course. It did not turn blue, like vegetable starch, but brown; the normal tissues being at the same time stained yellow. A preliminary preparation of the altered substances with sulphuric acid, followed by iodine, gives a purplish hue.

Virchow, later, considered it analogous to cellulose--the framework substance of plants—and of which cotton fiber is a good example; but this also was an error, and Dickinson is quite probably right in allying it with other exudations, and regarding it as altered fibrin. We can easily conceive that wasting evacuations, as of pus, may, by abstracting alkali from the blood, alter the fibrin it contains and promote its coagulation in the tissues without its characteristic fibrilation.

The diagnosis is made from the antecedents, along with the enlargement of the liver and spleen, with its peculiar hardness and thickness of form, and albuminous urine with hyaline casts, and the œdema, although not all those signs are invariably present.

China is particularly suited to losses of pus. And so are arsenicum and calcarea. The dysenteric diarrhœa may be accompanied, as I have noticed, by great prostration and coldness of the body, but intolerance of coverings; this is well met by secale. Tenesmus—also drug-poisoning,—indicates nux vom. An abundant diet of milk and vegetable broths supplies the nutritive and the alkaline principles. Surgical operations, to remove carious or necrosed bone and the arrest of suppuration, should not be delayed, and syphilitic infection must be carefully attended to. The hygienic provision should be of the best in all respects.

Enlarged Liver of Carcinoma.—Primary cancer of this organ sometimes occurs; but more commonly it is secondary and consecutive upon external cancers which have intermediately involved the lymphatic glands, or which have been removed by the knife. One lobe only of the organ may be markedly affected. The form of the part is changed—it is enlarged, hardened, and usually irregular, or even nodulated. Cachexia is strongly marked. Pain may exist, especially if there be set up a local peritonitis. Pressure upon adjacent organs impairs their functions. Non-cancerous swelling of the spleen will usually attend it. The treatment will be adapted to these various indications, with dietic and hygienic measures to sustain the exhausted forces. The prognosis is, of course, with our present knowledge, fatal. The drugs most worthy of use as to the cancer are con., phytol. psorinum, hydrastis, sepia.

It must be remembered that all carcinoma is essentially *epithelial* in its origin, and must spring from epithelial tissue to begin with; but sarcoma is just as distinctly and essentially of connective tissue origin.

Sarcoma may, therefore, be found particularly in the environs of the organ, and involve it more or less.

Enlargement by Hydatids.—A diagnosis of this affection is rare in American practice ; it may be found among our immigrant population, especially such as are the propagators of tapeworm. Indeed, the individual grapelike sac of a bunch of hydatids—or a "hydatid tumor," so called—is nothing more or less than the habitation of an embryo tapeworm—"an echinococcus"—which is often quite lively, moving within its envelope, showing the hooklets about its head, and ready, when liberated in the intestinal canal of a new host, to develop indefinitely as a typical tapeworm. The "mother cyst," or bunch of sacs, is, then, a colony of embryos, all awaiting such a metamorphosis.

The symptoms are obscure enough. This history of the patient, his habits—eating of raw meats,—the proximity of infected dogs, carelessness, etc., may well lead to investigation, when an enlargement appears in this or in the splenic region, as it may happen. Other organs may furnish a site, instead of either.

If in the liver, a hydatid tumor will present a cystic form, and elastic resistance—sometimes with fluctuation. Surgical treatment is principally relied on.

Distension of the gall-bladder by biliary calculi also appears as a roundish or pear-shaped tumor in the right hypochondrium. Jaundice and other evidences of biliary obstruction will be usual symptoms.

All the enlargements of the liver fall under some general considerations as to diagnosis. Thus, a right-sided pleuritic effusion may so press a normal liver downward as to cause it to seem enlarged, increasing the upward percussion dullness also. Posture will so alter these appearances as to enable one, with the aid of auscultation of the lung, to differentiate.

Ascites, on the other hand, often effectually obscures the outline, and even displaces the liver upward ; but this organ is likely to be actually diseased also in such cases. Lying on the left side favors gravitation of the fluid away from the liver, and sudden upward and inward pressure of the fingers, especially by an ordinary movement from above, may enable one to locate the edge of the liver.

Impacted transverse color, rigid right rectus muscle, cancer of stomach, pancreas, or omentum ; cancerous enlargement of the kidney ; pleural and even pericardial effusion ; ovarian cyst ; thoracic tumor ; emphysema of the right lung, and pneumothorax—any of these may exist as a cause of error, and should be eliminated.

INFANTILE DIARRHŒA.

By L. L. Helt, M.D.

JULY 2, Mrs. S—— applied for treatment for her infant, aged nine months. The child was weaned at eight months upon the advice of some "old grannies," as the mother thought (?) herself again pregnant, although the child was doing splendidly.

After weaning, the child was fed on cow's milk, and any and *everything* it would eat. The period being that of dentition, and in connection with the kind of food it was receiving, and the weather not being at all conducive to good health, a severe and very debilitating diarrhœa set in, the second week after weaning. The symptoms were as follows: Bowels move several times, at short intervals, just as soon as child wakens in the morning, from 5 to 5:30 o'clock, then moving but once or twice until next morning. Stool very large, watery, yellow, painless, odorless. Child looks old and careworn, with peevish tendency.

Treatment.—Podophyllum 6x tinct., a powder every two hours, and change diet to Alpine cream milk, to be given according to printed directions.

July 27.—Bowels are regular, appetite good, child looks healthy and vigorous. The *peculiar* point to me in the above case is the *very decided* time of aggravation; then the bowels move several times in quick succession, then nothing more is heard of the trouble until next morning, *always beginning when child wakes up.* The generally accepted and verified time of aggravation under this remedy is, "In the morning; in the night; during hot weather," yet very different from above case.

Then the podophyllum stool is always supposed to be *very offensive*, but in this case stool odorless. In this case, when first looking at patient, I at once thought of that "old reliable," argent. nit., as child presented that old, withered look, most marked in the *limbs*, instead of "legs" under arg. nit.

Question: Would child have regained its health by simply changing its diet, without medicine? Or did the change in diet assist in its own way the curative action of the drug?

Columbus, O.

SOME THOUGHTS ON THE FIRST VOLUME OF CHRONIC DISEASES.

No. V.

By S. Lilienthal, M.D.

THIRD. The homœopathic remedy has not been properly chosen if troublesome and important symptoms arise, not in accord with the disease, and their effect must either be checked by an antidote or another suitable antipsoric remedy must be administered.

No living man can have the whole materia medica at his finger's end, and it is therefore necessary, when such troublesome and important symptoms arise during the psoric treatment, to see whether such symptoms are pathogenetic to the drug employed. What are our text-books good for, if not for daily employment at the bedside or in the closet? For where the remedy is wrongly chosen, we feel assured that our interference is needed. The suitable antipsoric will speedily and certainly banish all traces which the antidote failed to remove.

Fourth. No uneasiness need be felt if the ordinary symptoms of the disease are called out by the antipsoric in a higher degree of intensity than they usually manifest. This aggravation is a proof that the cure may be anticipated with certainty.

Some physicians assert that in all their practice they never witnessed a homœopathic aggravation. But what is aggravated? Already existing symptoms; or do new ones appear which belong to the antipsoric employed? In the latter case non-interference is perhaps as good as anything we can do, but in the former case Hahnemann teaches:

Fifth. That the dose prescribed was too large, and by its powerful action not only neutralized its genuine homœopathic effect, but established a medicinal disease by the side of the natural disturbance, which must be checked by an antidote, if known, or by suitable antipsorics.

This was already in Hahnemann's life one of the points which embroiled the Master in quarrels with his own disciples, as Trinks, Griesselich, and others; and we might say in excuse for the low potency branch, that exacerbations are probably with some such a *rara avis*, because by repetition of the same drug they neutralize all over-action; and though a cure may follow, it is not as *cito* or as *jucundes* than where a higher potency is chosen and plenty of tincture of time allowed. Life is short, and what is the use of being in such a hurry in chronic diseases?

Sixth. Keep these three rules well in mind: the small dose, the right remedy, and plenty of time. The dose can scarcely be too much reduced, provided the remedy corresponded perfectly to all the symptoms of the disease, and its action is not interfered with by dietetic transgressions. The second fault is generally owing to carelessness, laziness, and levity. The third great mistake is the hasty repetition of the dose, especially in chronic diseases.

How many of us who claim to be loyal to homœopathy can raise our heads and say we carried out these beautiful rules? How many of us affirm in all sincerity our loyal adherence to the law of similarity, but have our own explanation according to our own understanding? How many of those good and loyal scientists who enrich our literature with a reliable drug-pathogenesis can assert their belief, that the dose of the drug can scarcely be too much reduced, without endangering the value

of their own work, which can only be accepted as trustworthy as far as it goes and no further? How many of us, if not every one of us, have been guilty of carelessness, laziness, and levity in prescribing for our patients in acute and chronic diseases? Though there be many roads to Rome, there can be only one royal road, and we are falling too easily into the error of swearing by our own experience without troubling our minds whether we could not have done better. How can any one master this ever-increasing materia medica? And is it not better to be well acquainted with the old polychrests and old antipsorics, without noticing every new drug from whichever camp it might have been issued? If that is laziness, if that is carelessness, many of us have to plead guilty; but it is not levity; every honest, conscientious physician tries to do his level best for the benefit of his patient as well as for his aggrandizement, and—Charity, thou coverest a multitude of sins.

San Francisco, Cal.

STUDY OF MATERIA MEDICA.

By W. L. Bhaduri, M.D.

Notes on Spigelia.

IT is a valuable medicine, useful in many cases. I have recently had occasion to test its curative properties in diseases which otherwise proved rebellious to medicinal agencies. It was used by the ancients for the purpose of expelling intestinal worms, and hence its name. To Hahnemann's mind it appeared to be a precious remedy, so he instituted provings upon healthy human beings with the intention of ascertaining its real physiological action. He recorded the result of his proving in the fifth volume of his "Materia Medica Pura."

It is a very powerful and efficacious remedy in diseases of the central organ of circulation, the *heart*. In both organic and functional diseases of the heart it is of great value. Here it vies with aconite and digitalis. Pathogenesis of this drug points rather toward the inflammatory lesions in the peri- and endo-cardium. "Violent stitch on the left side, just under the heart, recurring periodically; stitch is so violent as to arrest respiration. Dull stitches, synchronous with the pulse in the region in which heart's impulse is felt. Violent pulsation of the heart, audible to the patient and visible to the bystanders." These are very remarkably exhibited in cases of pericarditis. I observed the clinical verification of this in an interesting case under my care in the month of December, 1888.

A young man of spare build, active, and very nervous, had an attack of fever with very intense pain in the left side of his chest. I gave him

three doses of aconite 3x every two hours. This gave him no relief. I carefully examined his chest and found nothing peculiar. The pain, he said, was a fine stitch, increased by deep inspiration and change of posture. Bryonia 6 every two hours produced no very good effect, and the patient was in great distress. I was summoned. He was screaming and crying, very restless. Action of the heart tumultuous, visible to me, difficult and labored respiration, almost verging on to suffocation. Pulse small and frequent. On a careful physical examination of the heart, I distinctly perceived the pericardial friction murmur; there was no very great dullness on percussion; action of the heart was very violent but rhythmical. The patient's countenance was anxious and careworn. There was a little perspiration on the forehead and the fever seemed to be a little abated. I prescribed digitalis with the view of calming the action of the heart and thereby soothing pain. But my expectation was doomed to utter disappointment. Three hours after I was informed, though fever was less, there was no amelioration of pain and suffering. This time spigelia 3x was given every hour. After taking two doses the patient was so much relieved of his pain that he slept for two hours. Medicine was now given at longer intervals. In my next examination of his chest, the cardiac friction murmur was much reduced. In two days the patient was in a position to resume his seat upon a chair. This is distinctly a case of organic disease.

I believe, in neuralgic affection of this organ, spigelia may prove an invaluable medicine. Even in cases of angina pectoris a fair trial of spigelia is advisable. It may not be out of place here to remark that angina pectoris is a true neurosis, but often associated with some structural diseases of the heart. In these latter kinds of cases I think it worth our while to try spigelia. Dr. Russel is a great advocate for the use of this remedy in cases of pericarditis, and Dr. Bayes in the inflammation of endocardium. I have another case of pericarditis in an adult man having a very strong and robust frame of body in 1879. He presented the following symptoms—intense sticking pain in the pericardial region, preventing rest, sleep, and respiration; palpitation on slight exertion, which also brought on an aggravation of pain; temperature high, pulse small and frequent, friction sound was audible in the pericardium, breathing difficult and painful. A few doses of spigelia 6x produced marked improvement. I have administered spigelia in a case of valvular disease of the heart, occuring in a student aged about twenty-five. This happened in the year 1880. It produced some improvement. His suffering was abated, and he is now enjoying a tolerably good health. I examined his heart a few months ago, but still there is some evidence of his disease left.

Stitching, sticking, and pressing pains are very characteristic of

spigelia in cases of cardiac diseases. They are increased by motion, deep breathing, and in the sitting posture. The sphere of action of spigelia upon the nervous system is very important. It is exerted on the treatment of neuralgia, especially of the fifth pair of nerves. In nervous headache it has gained a high reputation. Dr. Dunham describes it as follows: "There are dullness, heaviness, and pain in the head; the pain is much increased by shaking and jarring the head, as when one walks, and especially by a false step, by coughing or sneezing, by moving the facial muscles, by speaking aloud, or by any loud noise; as well as by touch or bright light (increased sensibility of the spinal senses); these things increase the pain so that it seems as though the head would burst. There is a disposition to press upon and support the head with the hand or to bind it around."

These kinds of headache are of every-day occurrence in life; so in the treatment of headache, spigelia must be first to be referred to. The following case from my practice will clearly point to cases where this remedy is appropriate. This case came to my hand in 1882. Babu J. N. Majumdar, aged forty-nine, of a sickly and anxious appearance, had had the headache two years ago. Pain generally felt on the left side of his forehead. It spread in all directions; especially there was an acute pressing pain in his left eye. The headache was increased by stooping the head and by a least motion of it, relieved by a piece of cloth wrapped tight round the head, and by lying down; completely disappeared during sleep. But the patient said that the sleep was very much disturbed by the intensity of the pain. He could not speak or read a few lines or think about anything. In fact, he became mad during headache. He was free from headache sometimes; it came to him periodically—more in hot weather.

On referring to our Materia Medica I came to the conclusion that my case was a true picture of spigelia headache; so I prescribed four powders, the 3x dilution of it, to be taken every six hours. Next day there was no headache at all; only three doses of the medicine were taken. Dr. Bœhr placed it in the front rank in the treatment of prosopalgia, but doubted its efficacy in chronic cases. But here in our case was decidedly a chronic malady and still cure was effected with a few doses of it.

I have almost nothing to speak of spigelia as an anthelmintic, for I have no experience in this respect. The first reputation of the medicine is owing no doubt to its empirical use by the natives of South America. For this purpose our much-reputed cina supersedes it. In various nervous disorders, and in the diseases of the heart, its place in the Materia Medica is almost unparalleled. It competes with aconite, digitalis, cina, and bryonia. I generally get good effects of the medicine from the lower dilutions alone.

THE UNUSUAL PRESENCE OF THE HYMEN IN A MULTIPARA.

By Charles F. Congdon, M.D.

"THE presence of the hymen is commonly regarded as the evidence of virginity, but it is well known that the membrane has been found intact by the accoucheur at the setting in of labor."*

I do not remember ever seeing the record of a case where the hymen remained after delivery, as I believe it did in the following instance, which I will relate:

Mrs. A—— is the mother of three children. When the third was two years old, I attended her through a miscarriage at the third or fourth month.

At that time I did not notice any abnormality about the vaginal orifice. Two years subsequently I attended her in her fourth labor at full term. The vertex presented. Labor progressed slowly for twelve hours, until the head presented hard against the perineum, and I felt safe to tell her that her child would soon be born. She seemed inclined to doubt my word, and said that when her other children were born, the pains seemed to become inefficient, just when the doctor told her she was most through; and that the labor was always prolonged and uncertain in duration, but that the children had finally been born without much assistance from the accoucheur in attendance.

The woman's strength and courage were good; and the pains were strong and regular. At the end of half an hour no progress had been made. The vulva was fully dilated and appeared to be large enough for the head to slip through, and still the child stuck, and I began to suspect that it was deformed in some way. It occurred to me to make a careful digital exploration during the next pain of both the infant's head and soft parts of the mother, to see if I could discover the cause of the delayed labor. I had carefully explored the parts in question between the pains without finding any cause for the difficulty. I found that as the pain came on the head appeared to bring up against a firm unyielding barrier of some kind, which vanished when the pain ceased. I waited for the next contraction, and made an ocular examination, and saw two flat muscular bands a quarter of an inch wide stretched parallel to each other across the vertex, and attached to the vaginal walls on each side. The upper band lay across the middle of the vaginal orifice. The other was back of it, and about a quarter to half an inch distant. When the pain ceased the bands relaxed and their middle dropped down to the fourchette, so that they assumed the shape of the letter V, and became hidden behind the labia. I hooked my index finger around the obstructions and incised them with a pair

* Guernsey's Obstetrics.

of scissors, and the next pain completed the birth of the child. These muscular bands I think were the woman's hymen. Previous deliveries had been retarded by the abnormality, until the head was forced through, above the obstruction, and delivery completed, without the rupture of the hymen.

SALEM, CONN.

PRACTICAL TREATMENT OF DISEASES OF THE EYES AMONG CHILDREN.

Translated from the French, with Notes and Additions, by H. H. CRIPPEN, M.D.

DISTURBANCES OF THE FUNCTIONS OF THE VISUAL APPARATUS.

In this first part of our work we propose to review the diverse functional modifications that may affect children, either in the exercise of binocular vision or in that of single vision. These disturbances consist principally in various deviations of the ocular globe and in various modifications in the function of the intrinsic dioptric apparatus of the eye.

In proceeding, then, from without inwards, we will have to study, in the first place, the simple ocular deviations due either to paralysis or to the spasms of the extrinsic muscles of the globe, but not recognizing those having origin in an anomaly of infraction. The study of these deviations, which are in the great majority of cases due to paralyses, present in children a particular interest, by reason of their special etiology at this age. It will then, to some extent, include a chapter on general pathology and semeiology.

In the second chapter we will treat ocular deviations produced, in the greater part of cases, by anomalies of refraction. It is strabismus properly so-called, of which we speak now, and you will comprehend at once the great interest which this part presents for our study. The operation necessitated by strabismus constitute, in fact, by themselves a great part of the surgical therapeutics of the eyes of children.

We will study, then, this complex affection thoroughly, but we will reserve a portion of the treatment to be given with ametropia, as the cause of the deviation. The discussion of the treatment of hypermetropic strabismus, for example, should find its place at the end of the chapter devoted to the study of hypermetropia.

Finally, after ocular deviation, which it is necessary to treat in two distinct chapters, we shall touch upon anomalies of refraction, which it is equally necessary to divide into *two* parts. In the first of these will be set forth anomalies of static refraction which constitute what is called, in general, ametropia, and which may be either hypermetropia or myopia, or again that special anomaly of refraction which has re-

ceived the name of astigmatism. In the second and last place will be given the disturbances of dynamic refraction, united closely, however, in the majority of cases to an anomaly of static refraction. Here we will study the disturbances of accommodation and of convergence ; these two connected functions having a great importance and one nearly equal.

The alterations of these functions constitute the divers varieties of *asthenopia* which attack school children so often ; which commence in fatigue of the eyes during the exercise of near vision. One understands of what interest this study should be when we bring to the consideration the prophylactic means that should be employed to prevent the development of these visual troubles and what the visual hygiene of schools and colleges should comprise.

In *résumé* this first part comprehends two grand divisions, each subdivided, likewise, into secondary chapters.*

If we have united in the same part of this work and under the same name, of functional disturbances, some affections of a nature very often different, it is not because these visual troubles are never accompanied by organic alteration of the eye, but it is because, in the expression of the disease, only these functional symptoms are really concerned in it. We know, without doubt, that malignant myopia is generally accompanied by posterior staphyloma, but before the symptoms of an augmented myopia the sclero-choroiditis posterior loses its significance and cannot serve to determine the classification of the affection in the arrangement of ocular nosology. One can say in the chapter on pathological anatomy that such a myopia is truly an organic affection, but one ought not the less to clinically range it among the functional maladies of the visual apparatus. It is for an analogous reason that we have placed here affections of the extrinsic muscles, although the cause may

* These divisions are especially destined to facilitate the theoretical study of this part of ophthalmology, for in reality these various classes of functional alterations mingle or run together by their extreme sides. Such a pathological state of the organ of vision as intermittent strabismus, for example, takes a middle ground between an ametropic state, pure and simple, and a state of true strabismus.

- Disturbances of the functions of the visual apparatus.
  - Deviations of the ocular globe due to :
    - Affections having their seat outside the eye (central or peripheral lesions).
      - Paralysis.
      - Spasms.
    - Affections having their seat in the ocular apparatus itself (anomalies of refraction, organic alterations).
      - Strabismus.
  - Anomalies of refraction.
    - Static.....
      - Hyperopia.
      - Myopia.
      - Astigmatism.
    - Dynamic.....
      - Disturbances of :
        - Accommodation.
        - Convergence.

be found in a central or in a peripheral lesion, of purely organic nature; in the presence of a macula of the cornea, for example. Here again there is an organic alteration of the eye, but that which determines the classification of the disease is the ocular deviation, a purely functional phenomenon, but essential, and which ought to be taken into consideration from the point of view of classification.

DEVIATIONS OF THE OCULAR GLOBE DUE TO AFFECTIONS HAVING THEIR SEAT OUTSIDE THE EYE.

1. *Paralyses—Symptoms and Diagnosis—General Characters.*—In the presence of an ocular deviation, it is sometimes easy in children, on account of the concomitant symptoms due to a central or peripheral disease which occasions that deviation, to distinguish paralyses of the extrinsic muscles of the eye from true strabismus.* But in those cases where the deviation exists alone and often as the first morbid phenomenon, it is necessary and very important to know how to make this distinction according to the symptoms derived from ocular inspection only. We state first, then, the general symptoms of deviations due to some morbid extrinsic state, and point out in what these deviations are expressly distinguished from deviations due to an ametropic state of the eye, true strabismus.

The principal symptoms common to ocular deviations of paralytic origin are the following, and they are not seen at all in the deviations of strabismus:

(*a*) Diminution of the mobility of the globe of the eye.

(*b*) Excess of the secondary deviation of the healthy eye over the primary deviation of the affected eye.

(*c*) The phenomenon of false projection.

(*d*) Finally, the existence of diplopia or of particular inclination of the head destined to neutralize it.

(*a*) *The diminution in the mobility of the globe* is easily ascertained. Whatever the faulty deviation may be, inward, outward, upward or downward, it is easy to see that the globe attacked by paralysis cannot turn toward the side of the muscle which has lost its power. We recognize this fact by closing the healthy eye and seeking to make the diseased eye follow the end of the finger in various directions. The excursion of the globe is limited, and is not performed at all or only to

* We know that the name strabismus (*στραβός*, squint) should apply in theory to all deviations of the ocular globe. We distinguish, then, paralytic strabismus (due to a paralysis of the muscles), non-paralytic strabismus, and strabismus by force. This last is the true strabismus, properly so called, which takes its origin in a fault of synergy in the associated action of the extrinsic muscles, and this fault of synergy is generally due to an anomaly of refraction. This theoretical idea being understood, one reserves in every-day practice the pure and simple word strabismus for this last species of deviation; paralytic strabismus being described under the name of *ocular paralysis*.

a small extent in the field of the muscle affected by paralysis. In true strabismus there is nothing like this. Here the deviation, as we will see later, is not due to a true paralysis, and exploration made in the same manner points out that the movements of the eyes are executed in all directions and to the normal limit.

(*b*) *Excess of the secondary deviation of the healthy eye over the primary deviation of the affected eye.*—This symptom is the most important to recognize ; it is the main point. The primary deviation of the affected eye, as may easily be understood, is the faulty deviation of that eye, that which strikes the eye of the observer, and which constitutes the principal objective phenomenon of the affection. The secondary deviation of the unaffected eye is given by the direction of this healthy eye, while covered and during the time that the diseased eye is made to look at an object situated on the side of the paralyzed muscle. If, for example, the rectus externus of the right eye is paralyzed and if it is made to look outward ; by covering the left eye there will be observed, of the healthy left eye thus covered, a deviation inward, which we call the secondary deviation. The movements of the left eye, although covered, are executed in the same direction as the eye which sees, because of the synergy of the muscles of the two eyes ; the external rectus of one eye having an associated action with the internal rectus of the other eye and reciprocally. With two normal eyes these movements have the same extent whether the eye is covered or not ; in the case of muscular paralysis this is not so. In order that the eye be carried in the direction of the paralyzed muscle, it is necessary that this muscle should make a great effort, an effort stronger than if it were unaffected ; the congenerous muscle of the other eye bringing into action the same power, having received the same motor incitation, and not being paralyzed, the result is that this effort is followed by an effect which the affected eye can hardly obtain. This is the reason that the secondary deviation in the case of paralysis is always greater than the primary deviation, and this is why the practical conclusion is so important. It is not the same in strabismus, and it cannot be the same, because the deviation is not due essentially to a notable diminution in the power of the extrinsic muscles. We can say that the presence or absence of this sign is sufficient to admit or reject the existence of paralysis.

(*c*) The phenomenon of *false projection* is a consequence of the habit which we have of judging of the situation of objects according to the degree of contraction of the muscles designed to direct toward them the ocular globe. A paralyzed muscle, which in order to produce a small effect dispenses a great effort, presents to the patient an impression which assigns to the object a faulty position. This results in various troubles; patients spring before carriages, expecting to shun

them, or find a certain difficulty in descending the stairs. All these symptoms are often very disagreeable to endure, only presenting themselves naturally when one looks with the affected eye alone. This is what is designated also under the name of *monocular vertigo.*

[Monocular vertigo will be found to be much more marked when several muscles are affected. It is necessary to distinguish this form of vertigo from that which depends upon diplopia, a thing which is, however, easily done, as monocular vertigo, or that due to false projection, occurs only when fixing an object quickly with the affected eye.]

(*d*) *Diplopia*, lastly, one of the most important and valuable symptoms of ocular paralysis, is not found in true strabismus. Diplopia or double vision is produced by the fact that, one of the two eyes being deviated, the two images are not formed on two corresponding points of the two retinæ. The double impressions transmitted to the receptive organ cannot be superposed and are there confounded ; perception is not unified but is double. If diplopia does exist in strabismus it is because children attacked by that affection have lost the habit of seeing with one of the two eyes. In the beginning diplopia has certainly existed, but borne unconsciously by the little patient, incapable of explaining this trouble. Then, little by little, one of the eyes has lost the habit of perceiving images, and finally the visual faculty likewise is affected, in this eye withdrawn from the exercise of vision. The child annuls thus one of its two eyes, in order to see only with monocular vision, preferable, without doubt, to diplopia. In ocular paralyses, on the contrary, diplopia is the rule and the symptom which is the most striking. In fact the paralysis being produced slowly always brings the patient so quickly to the ophthalmologist that the habituation has not yet existed long enough to have destroyed the function of one of the two eyes ; the diplopia then exists with all the annoyance which is the consequence of it. There exists still one other reason, in consequence of which this diplopia is the rule and cannot be made to disappear with time, as in the case of ocular paralysis, and this reason is the following : In an ocular paralysis, diplopia exists only when vision is directed to the side of the paralyzed muscle. This is easily understood : if, for example, the external rectus of the left eye is paralyzed, there will be observed a faulty deviation in the simultaneous turning of the two eyes to the left, because the left eye cannot follow its congener, and associate itself in its movement of rotation. There will be deviation and diplopia ; but if the patient looks to the right, it is certain that the left internal rectus, having all its force, can follow the movement of the right eye in a normal manner. There is nothing abnormal then in this movement, neither deviation nor diplopia. In the case of ocular paralyses there is diplopia when looking in certain

directions (save in the case of paralysis of several muscles), and normal vision in all other conditions. It will be understand, then, why patients have difficulty in completely annulling the functions of an eye which is falsely deviated only under certain conditions. Diplopia exists, but if the patient does not seek to correct it by abolishing vision in the eye attacked by paralysis, he possesses another means of making the inconvenience of double vision disappear. This means is only truly applicable to certain paralyses, little accented and generally carried by isolated muscles ; it consists in the combined inclination and rotation of the head and neck. In fact, we have seen that ocular paralysis occasioned a diplopia while looking in a given direction ; in order to cause this inconvenience to disappear (on condition that the paralysis be not complete) the patient needs only to turn the head to the side of the paralyzed muscle to supply the power of that muscle. According as the paralysis concerns a rectus muscle or an oblique, the head will be simply turned or inclined to a certain degree. These rotations and these inclinations of the head are very important to understand. Primarily they may serve to establish the diagnosis of the disease, and such attitudes of the patient permit one to recognize from the first the kind of paralysis by which he is affected. More than this, these vicious attitudes of children, if long protracted, can in the end become permanent, and be the cause of true torticollis, which entails sometimes faults in the development of the face. Finally, in seeking for diplopia by the aid of a colored glass, following a method which we indicate later, it is important to watch the patient to see that he does not instinctively correct all or part of his faulty vision by these same vicious attitudes.

Nevertheless, if the head is maintained erect, we can say that diplopia is the rule and the characteristic of all ocular diplopia. There are only very rare exceptions—the case, for example, when one of the two eyes is amblyopic, or again in complete paralysis of the third pair, since, by a considerable ptosis, the upper lid has fallen like a veil before the eye and excluded it from vision.

The characters of this diplopia are its presence in that half of the visual field which corresponds to the territory of motility governed by the affected muscle ; second, its persistency.

This last property essentially distinguishes paralytic diplopia from the intermittent diplopia which affects asthenopes in certain acts of binocular vision. We shall have to return to this point later on.

Such are the general signs of ocular paralyses. We remind you of them again by simple enumeration ; they are :

1. Diminution in the mobility of the eye. 2. Excess of the secondary deviation of the healthy eye over the primary deviation of the affected eye. 3. The phenomenon called false projection. 4. The

diplopia which may be neutralized or not by inclination and rotation of the head and neck.

We have seen that these symptoms do not present themselves in strabismus; they are peculiar to ocular paralyses. We can, then, maintain that their presence in a patient affirms that he is attacked by ocular paralysis; it remains to us to demonstrate which muscle is affected. It is this of which we will now teach the diagnosis; then at the end of the chapter we will give, in a short *résumé*, the table of the various symptoms of each of the ocular paralyses.

San Diego, Cal.

BOOK NOTICES.

A Handbook of Materia Medica and Homœopathic Therapeutics. By Timothy Field Allen, A.M., M.D., LL.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College and Hospital, etc., etc., etc. Philadelphia: F. E. Boericke. 1889.

There can be no question but that Dr. Allen has placed the homœopathic profession under a lasting debt of gratitude for this most beautiful and perfect of Materias Medica. The superlative degree of comparison can alone voice our admiration of the work. It is one of the finest books that has ever reached our review table; and after browsing in its rich leafiness for several months in the hope of saying something markedly different from what has already filled the critiques in other journals, we find our praise and recommendation tame and pointless—a more than twice-told tale. We have made use of this volume on an average of half a dozen times a day since its receipt, and in no instance have we had cause to regret the time given to looking up mooted points, or clearing away our ignorance, and we have arrived at the conclusion that with this Handbook at hand, assisted by the "General Symptom Register," together with the promised "Therapeutic Pocket-book" of Bönninghausen, it must truly be an intricate and involved case when these volumes understandingly handled cannot throw light sufficient to make a prescription. The arrangement of the page in double columns, and set "solid," gives room for very nearly four hundred remedies without crowding, or the use of very small type; the type, in fact, is one of the handsome features of the book; for by a judicious use of different fonts of type, symptoms are made to stand out with great clearness according to their relative values; so that a mere cursory reading of the heavy-typed symptoms of any remedy will in a few moments give the reader the genius of that drug, to be followed up for more minute symptoms at leisure if the leading indications were in the right line. Of its intrinsic worth what can be said that will add one laurel more to the wreath with which the profession has long since crowned the work of Dr. Allen? No intelligent comparison can be made without the book lying before one. It differs from Hering's "Condensed" in compactness of arrangement, and the welcome absence of so many contradictory symptoms. It does not blow

hot and cold in the same breath. It has sifted out the trash and the cheat, and presents only symptoms that are reliable. The clinical cases are chosen with extreme caution, lest some of the many hypothetical cases with which our literature is so grievously burdened should be embodied. For his courage in resolutely omitting what have seemed favorite symptoms, when they were not capable of standing the test, Prof. Allen deserves a vote of thanks. If the Materia Medica reformers will go about their work in the same spirit, there will be, nay, there can be, no objection raised. It differs from Farrington's "Clinical" in being more full and exact and not given to the colloquial style. It differs from almost every other text-book on Materia Medica in that it covers the whole field of proven symptoms of every drug used in homœopathy. No one can go wrong who takes this Handbook as his rule and guide in prescribing for his cases. It is worthy of the utmost confidence. We have tested it severely and so far have found no flaw even in the typography. For its Therapeutic Indications it will take that place in Homœopathy that the U. S. Dispensatory occupies in relation to the Old School. The mechanical execution is superb. The paper used, the new type, the compactness of matter without crowding, the binding, all reflect credit upon this publishing house.

A Laboratory Guide in Urinalysis and Toxicology. By R. A. Witthaus, A.M., M.D., Professor of Chemistry and Physics in Med. Dept. University of the City of New York; Professor of Chemistry and Toxicology in the Med. Dept. University of Vermont; Member of the American Chemical Society, and of the Chemical Societies of Paris and Berlin, etc. Second Edition. New York; William Wood & Co., 1889.

One excellent thing about this work is its arrangement in note-book form, the leaves being bound at the end instead of the sides, and printed on one side only, so that when the book is opened, the leaf nearest the reader is blank, while the printing is on that above. The advantage of this arrangement can only be appreciated by the one using it, in having a white page on which to make notations, additions, etc., as he goes from one experiment to another. The subjects treated of are uniformly well done; they are succinctly stated, kept within bounds, so that an ordinary non-specialist physician or student can readily follow and apply the teachings. It is an admirable handbook for Toxicology, as well as for Urinalysis. We do not like the metric system of weights and measures; but this of course is no objection. Otherwise the book is deserving of purchase and reading.

Dr. T. S. Hoyne's Materia Medica Cards.—The complete set of cards contain the principal symptoms of the most commonly used remedies. The cards are properly sheets, being unwieldy for carrying about, but handy for office use. The symptoms given are as a rule leading, and if the student can "cram" to the extent of these cards he will be well prepared to begin the systematic study of the Materia Medica, and make successful prescriptions. The cards are divided into groups of related remedies, and of those most frequently in use.

GLOBULES.

—Castor oil applied to stings of bees or bites of insects antidotes the poison.

—The handsome residence for the Superintendent at the Middletown Asylum is completed, and is now occupied by Dr. Talcott.

—A Maine girl didn't want a lover to name a boat after her, because she didn't desire to read in the papers that "Matildy Slocum is in the dock to have her keel scraped."

—Ah, ha, Brer *The Clinical Reporter*, you see now how pleasant it is to be a medical editor. Aint you sorry you ever said a word about University towns, and mixed faculties?

—Waxed paper bags are a new idea for holding coffee, fruit, confections, etc. They are also useful for packing furs and woolens away from moths, the paraffine coating rendering them both air and water-tight.

—Chas. Chadwick, Otis R. Wyeth, Louis A. Schoen, Geo. J. Schoen, Chas. F. Hermann, Geo. Eyssell, and Horace L. Roy have been fined $500 and costs for counterfeiting a trade-mark preparation known as "Bromidia."

—The Pittsburg *Chronicle* says: "An Ohio woman has had a toe four and three-quarter inches long amputated. Let Chicago beat this." If the *Chronicle* will tell us just how long she has had it amputated we will do our best to beat it.

—The science of hypnotism is developing fast. M. Joseph Bertrand, the secretary of the French Academy of Science, submitted to that body at its last sitting a mode of superinducing anæsthesia by purely mechanical means. It consists in directing the rays of a mirror, of the sort employed by lark catchers, on the eyes of the subject. A species of hypnotic trance, accompanied by absolute physical insensibility, is thus produced.

—The latest amusement which has seemed to stimulate a new appetite for life among the patients of the Middletown (N. Y.) Insane Asylum, has been that of ball playing. The National game has come to be a part of the Asylum life, and so great is the interest felt in the Asylum nine by all the patients, that the Asylum physicians are on record as saying that they sometimes think that those who would otherwise die stay on earth just for the sake of witnessing the next game, and thus oftentimes they, having passed a crisis, move on to full recovery.

—A Clinical Confirmation.—Some months ago a young woman otherwise in perfect health presented herself with numerous warts on the hands. I ordered forty tablets, each containing two grains of the sixth centesimal trituration of lycopodium, with directions to take one daily at bed-time. The warts soon begain to shrivel, and by the time the tablets were finished they were gone. This confirms the reputation of lycopodium against warts, and shows that no mysterious potentizing by great dilution is necessary to bring out its therapeutic power.—J. Drysdale, M.D.

—Female *habitués* of morphine generally suffer from complete arrest of menstruation.

—In China people in easy circumstances buy their coffins long before they need them, and exhibit them as ornamental pieces of furniture.

—Prof. E. H. Pratt's work on "Orificial Surgery," published by W. T. Keener, of Chicago, gives an excellent *résumé* of the work advocated by Dr. Pratt.

—There is a man in Los Angeles, Cal., whose business is to travel east with the corpses of people who go to southern California to find health, and who die instead.

—Anæmic women are not always pale, taking that as the most common symptom of the condition, but they may have a rosy complexion. The most reliable indication, one to which there are only a few exceptions, in determining whether anæmia is present or not, is the physical sign known as the "venous hum."

—Making splints out of thick woolen cloth and strong alcoholic solution of shellac is done by brushing the shellac over the cloth, placing several pieces together, and passing a hot iron over them. These splints are stiff enough for ordinary uses, and can be softened by hot water, so as to permit them to be molded to the parts.

—A woman under thirty would have healthier children by a man a little older, but in a woman from thirty to thirty-three, procreation would be more favorable in marriage with a man from twenty to thirty, than with a man from forty to fifty. A man aged from thirty to forty years should rather choose a wife who is only twenty to thirty years old; if the woman was from thirty to thirty-five the vitality of the children would suffer. A man from forty to fifty should marry a very young woman, if he wishes healthy children. A curious fact is stated: that the children of men past the age of fifty-five are stronger than those whose fathers are between forty and fifty years.

—I think Sir B. Brodie used to tell a story of a young lady of twenty-four whom he came across lying in a most extraordinary position on her face across a wooden machine made for the purpose, containing also a contrivance for feeding her in that position. It appeared she had been suffering from severe spinal disease for six years, and had been lying on her face, by mistaken medical advice, for four years. By the discovery of the nervous nature of the malady and the soundness of the spine, and by the use of judicious means, this young lady was sitting eating at table in five days, and in a fortnight could walk a quarter of a mile.—*Leisure Hour.*

—Transmission of Tuberculosis.—It is coming to be believed that tuberculosis in man is caused largely by eating the meat and drinking the milk of animals so infected. The bacilli are believed to be transmitted from animal to animal by the habit of licking each other's noses, the discharges being doubtless heavily loaded with the germs. This suggests a useful field for microscopists in examining the excretions from the nostrils of animals. It is also thought that vaccine virus may contain the bacilli. The Belgium government has ordered that calves from which virus is taken shall be killed and carefully examined for bacilli.

—As for getting up early, we all know the model man, aged eighty: "I invariably arise at five; I work three hours, take a light breakfast—namely, a cracker and a pinch of salt; work five hours more; never smoke, never drink anything but barley-water, eat no dinner, and go to bed at six in the evening." If anybody finds that donkeyfied sort of a life suits him, by all means let him continue it. But few people would care to live to eighty on these terms. If a man cannot get all withered and crumpled up on easier conditions than those, it is almost as well that he should depart before he is a nuisance to himself and a bore to everybody else.

—Acetic Acid in Croup.—I was told a few weeks ago by a medical friend that Dr. C. G. Raue was accustomed, for years, to make his first visit in the morning to his friend Dr. C. Hering. In fact he kept his horse in Dr. Hering's stable, and had his carriage taken to Dr. Hering's door instead of his own.

One morning on Dr. Hering asking how he felt, he replied: "I feel very badly; that boy of mine has had the croup all night, and nothing does him any good." "Have you forgotten acetic acid?" said Dr. Hering. "Yes, I have," said Dr. Raue; "I will go right home and give it to him." He went home, diluted some vinegar and gave it to him, and the croup was soon well.—E. C. Price, M.D., in *The Hahn. Monthly.*

—Croupous Tonsilitis.	Diphtheria.
1. Invasion abrupt.	1. Much more often it is insidious.
2. Most marked general disturbance during the first two days. No tendency to asthenia.	2. Generally not much general disturbance before the third day, but after that, marked tendency to asthenia.
3. Starts with a temperature of from 103° to 104.5° F.	3. Rarely high in the beginning, 100° or 101° F., gradually rising till the fourth or fifth day.
4. Pulse full and rapid.	4. When rapid it is feeble.
5. Membrane of yellowish color, edges sharply defined, does not bleed when detached; superficial, not very adherent; no tendency to re-form after removal, appears early; does not spread.	5. Color, gray; sometimes greenish; shades off gradually on uvula, soft palate and pharynx as well as tonsils; bleeds readily, even without being detached; infiltrates the deeper tissues; adherent, strong tendency to re-form after removal; may not be seen the first, or even the second day: spreads steadily.
6. Albuminuria rarely if ever present.	6. Albuminuria rarely absent.
7. Reaches its height by the second day; by the fourth the patient is generally convalescing.	7. Most commonly does not reach its height before the fourth day.
8. Paralysis never follows as a sequela.	8. Paralytic sequelæ, quite common.
9. It is doubtful if it is ever contagious.	9. Frequently spreads by contagion.

—Bryonia.—A pressing pain, as if a heavy weight laid on the pit of the stomach, with bloatedness immediately after a meal, and sometimes even before the meal is finished. Walking or going downstairs renders the pain unbearable, radiating even to the bladder and perineum, and relieved by sitting, and still more by lying down. Vomiting of the food sets in pretty soon after a meal, and may become bilious or even bloody. Sixth and twelfth dilutions.

—Surgery of the Zulus.—Surgery is the branch of the medical art that is most advanced among these people. Their treatment of wounds is especially remarkable, and several complicated cases, which Father Croonenberghs treated unsuccessfully by the usual methods, were made very short work of by native practitioners. Their system is based principally upon the earliest possible obturation of all wounds. They first extract the foreign body, bullet or spicule of bone, etc., in the rudest possible manner, using their fingers or a rough kind of forceps. They then close the wound carefully and cover it with a thick paste, composed of charcoal and mutton suet, taking care that no portion of the lacerated tissues remains exposed to the air. They treat fractures as we do, using pieces of bark, suitably cut, for splints. Travelers have observed no traces of amputations among them. Swellings of all kinds, the early stages of abscess, or anthrax, rheumatism, etc., are treated by means of the bulbs of the genus *Allium* (onion, wild garlic, etc). The bulb being steeped in water, heated almost to the boiling point, is applied while still hot.—*South African Med. Journal.*

—Favorable Influence of Coughing on the Reduction of Hernia.—Dr. Vaudenabrele, in the *Jour. de Med. de Paris*, gives a surprising account of the effect of coughing on some cases of strangulated hernia, which have come under his observation.

The first was a merchant who had pulmonary emphysema for many years. One day his hernia became strangulated and Dr. Vaudenabrele was called in. Five minutes of taxis produced no effect. Suddenly, contrary to his directions, the patient coughed violently; while still holding the hernial tumor, he heard a gurgle and the hernia had decreased to half its volume. A repetition of the coughing was followed by reduction complete!

Wondering if there could have been a dilatation of the inguinal ring produced by the cough, the doctor determined to be on the lookout for anything that would throw light on the subject.

He was called, not long afterward, to see a woman, whose crural hernia was in a state of strangulation. A surgeon who had preceded him had tried taxis for more than a half-hour, but without avail. Dr. Vaudenabrele also tried it for two or three minutes; he then had the patient cough violently while controlling the hernia, and it was at once reduced. A third case was equally as amenable to this method, even after taxis had been employed both by himself and another surgeon. He therefore believes that he has found a method, simple, easy, applicable at all times and to all cases, superior to taxis and to any measure which has been described up to the present time.

The author's explanation is that, in the first place, the cough is capable of dilating the inguinal and crural rings. Gas inclosed and compressed in the strangulated intestine, at the moment of expansion of the ring, makes its escape into the abdominal part of the gut. The hernia then becoming a simple one, is also reducible.

OH-DON'T-OLOGY.

Don't go to bed with cold or damp feet.

Don't lean with your back against anything that is cold.

Don't take warm drinks and then immediately go out into the cold.

Don't give calomel to open the bowels, and then opium to close the deluge.

Don't let your patients wear earrings previously worn by consumptives.

Don't hedge on a belief in homœopathy even you are made more eligible thereby to a life situation as a Professor.

Don't throw stones at the "private" schools, until you are sure of the unassailable vitreous condition of your University chair.

Don't let yourself down in public estimation by doing menial services at the bedside when others are willing and able to do it.

Don't attack a near "private" school, because its pseudo-editor representative injects a whole page ad. in the reading matter.

Don't any longer deride the claim of pulsatilla to being a corverter of malpresentations into normal ones. Dr. C. W. Butler *proves* it.

Don't forget that common decency, if nothing more, in auscultation of the female chest, demands the employment of a stethoscope.

Don't alarm a child by staring it out of countenance ; sit sufficiently near to watch it, and yet so far off as not to attract its attention.

Don't nurture the belief so common that it is the province of the physician to predict the results, but only to estimate the tendencies of the disease.

Don't publish a medical book on the Book-Trust plan ; it is subversive of medical ethics, in that it makes a "secret" book of what should be open to all in the profession.

Don't sing too loud about "specialists" occupying University positions. There are better paid and more eminent specialists outside the walls of the University than there are inside.

Don't recommend for the study of medicine any one not showing an inborn aptitude for the profession. Remember the toil, irregularity of hours, disappointments, jealousies, and bad bills which beset the doctor's pathway.

Don't wear your pantaloons buttoned tightly at the top and sustained by the hips. Wear suspenders. The constant pressure and unnatural heat to which the lower part of the back is subjected is one of the chief causes of the frequency of kidney diseases.

Don't be a professor in a University if you have a living practice outside. Better a scramble for a "microscopic share of the net profits of" a faculty-owned private school with freedom of action, than the enormous fiduciary stipend of a University chair dependent upon a Board for opinions and living.

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